

*** LOCAL INFILTRATION OF TRIAMCINOLONE ACETONIDE SUSPENSION IN VARIOUS SKIN CONDITIONS

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Introduction: Systemic use of corticosteroids in many skin conditions has been found to be hazardous compared to the benefit obtained¹. Recent reports of use of corticosteroids by intralesional infiltration in various dermatological conditions are encouraging.^{2, 3, 4} It has the advantages of simplicity of delivering steroids exactly where it is needed, and of economy.

Material & Method: Various dermatological conditions where the usual treatment and systemic or topical administration of corticosteroids had failed to give permanent relief were taken up for this study. For convenience, patients having localised, small lesions were selected.

Triamcinolone acetonide suspension (Kenacort-Squibb) in strength of 10 mg/ml was used.

The skin was cleaned with denatured spirit and the injection in the lesion was so made as to spread out evenly.

The dosage used was about 5 mg/sq. cm. area.

Patients were seen every fortnight, and progress was recorded as fair (+), good (+ +), complete cure (+ + +) and no improvement (0). It was decided to give repeat injections till complete cure was obtained; not more than three injections were given. Final examination was made a fortnight after the third injection. Notes of any side effects were made at every visit.

Observations: Table No. 1 shows the various conditions studied and the degree of improvement in each of them.

TABLE 1

Degree of Improvement in Various Dermatoses

Diagnosis	Nil	Fair	Good	Cured	Total
Alopecia areata	1	1	1	3	6
Neuro Dermatitis	2	4	6	5	17
Psoriasis	1	0	1	2	4
Keloid	0	0	1	2	3
Lichen Planus	0	0	2	3	5
Scleroderma	0	1	1	2	4
Pemphigus vegetans	1	0	0	1	2
Numular Eczema	0	0	0	1	1
Pigmentation (localised)	1	0	0	1	2
Hidrotic Ectodermal dysplasia	1	0	0	0	1
Prurigo Nodularis	0	0	0	3	3
Lichen Tropicus	1	0	0	0	1
Pruritus vulvae	0	0	0	1	1
Peyronie's disease	0	0	1	0	1
Total	8	6	13	24	51

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In all, fiftyone cases were studied, of these eight did not show any improvement. Some observations regarding the individual dermatosis, with reference to selection and effect of injections are pertinent and are as follows :

Alopecia areata : Six cases were treated. The duration varied from two weeks to six months. Three of them in which there was growth of tufts of hair were considered as cured (+++). In one case where thin lanugo like hair growth was seen was considered as fair (+), while one patient with thick but short hair growth was labelled as good (++) . Photograph 1 shows the condition of the patient before treatment while photograph 2 shows the growth of hair after the treatment with Kenacort injection.

Neurodermatitis (Lichen Simplex Chronicus) : The maximum number of cases were of neurodermatitis. Seventeen cases were seen, out of these five patients were cured. In all fifteen patients got fair to complete improvement. The clinical appearance and relief of itching were considered for assessing the results.

Psoriasis : Chronic recalcitrant patches which had not previously responded to usual treatment were selected. Of the four cases two patients were completely cured while two patients had partial improvement. In one patient a patch on the sacral area had persisted for four years while other lesions had cleared three times with usual treatment (Photo 1).

Keloid : Three patients were treated. Duration was four months, two years and fifteen years respectively. The last patient was previously operated upon unsuccessfully. The two young Keloids of four months and two years duration had complete cure within eight weeks, after three injections. Hyalase was mixed with kenacort in both these cases. In the third case the keloid softened down with reduction in size and was graded as two plus (good).

Lichen Planus : Of the five cases, two patients had hypertrophic lesions, one had buccal mucous membrane lesions and two patients had localised patches on the legs. All of them got good (++) to complete (+++) improvement i. e. partial to complete cure.

Hidrotic Ectodermal Dysplasia : In this patient there was total alopecia with severe palmar and planter keratosis and nail changes. Injection was given on localised areas on back of the scalp, both axillae and on back of hands on both sides. No improvement was seen in any of these areas after three injections.

Prurigo Nodularis : Persistence of nodular prurigo caused repeated attacks of dermatitis at the site. Cure of these in turn gave permanent relief of recurrent eczematous dermatitis. Photo 2.

Pruritus vulvae : The patient with pruritus vulvae had intense uncontrollable thickening of labia with markedly increased rugosity. Cure was complete with complete relief of itching and reduction in the thickness of vulva to normal after two injections.



(Fig. 1)



(Fig. 2)

Peyronie's disease: One patient with Peyronie's disease had an ovoid nodule, one cm. by onehalf cm. for four years. Previous treatment with vitamin E and oral steroids had failed to give relief. A drop of xylocaine was injected prior to kenacort injection. There was not much difficulty in pushing the drug in. Patient was told not to expect much benefit from this treatment also; and that a new treatment was being tried without much hope. He reported gradual diminution of pain and increased comfort at the time of erection and requested for more injections. At the end of three injections the nodule felt smaller and softer. The result in this case is graded as good (+ + +)

Side effects: Atrophy was seen in two patients. Halo of depigmentation surrounding the atrophy was seen in one of them. No other side effects were noticed.

Discussion: Our results of treatment of various localised skin lesions, compares with those reported by other authors^{1, 2, 3, 4}. In localised hypertrophic and indurated lesions, this method is a definite advance in treatment. In such lesions, it gives a relief as could not have been obtained by systemic or topical use of steroids. The method is safe, and undesirable side effects are largely avoided; as against the risk with systemic use of corticosteroids. The amount of drug required is small, making the method less expensive than the one with systemic use or topical administration. In this study, the injection was repeated every fortnight. It seems that the drug would continue to exert its effect for a longer period.

It will be interesting to work out the maximum period of effectiveness after a single injection by withholding further treatment until progressive improvement is noticed.

SUMMARY

A therapeutic trial of intralesional injection of triamcinolone acetonide suspension in fiftyone cases of various skin conditions is reported.

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REFERENCES

1. Fergusson, J. F: Brit. J. of Derm. 74: 350: 1962
2. Rebello, D. J. A.: Brit. J. of Derm., 74: 358: 1962
3. Rowell, N. R: Brit. J. of Derm., 74: 354: 1962
4. Mc Nairy, D. J., M. D. Arc. of Derm. 136: 89: 1964
5. Halfman P. J: Arc. of Derm. 89: 411: 1964
6. Lancet, 1964-1-1177
7. Rook, A and Wilkinson D. S.: Textbook of Derm. 1968.