PERIUNGUAL HYPOPIGMENTATION FROM INTRADERMAL TRIAMCINOLONE

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Summary

A case of periungual hypopigmentation and atrophy following intradermal triamcinolone acetonide injection into the proximal nail fold for the treatment of onychodystrophy is described.

Onychodystrophies, irrespective of their etiology, cause sufficient cosmetic disfigurement to patients and pose a difficult therapeutic problem to the dermatologists. Of late, there has been an increasing trend to treat these with intradermal injections of corticosteroids[1-4]. With triamcinolone preparation success has been claimed especially in patients with psoriatic nail dystrophies but the various reports[3,4] as well as personal observations suggest that relapses are frequent following stoppage of such therapy. An unusual side-effect of periungual hypopigmentation and atrophy was observed in one of the patients receiving triamcinolone acetonide injections in the proximal nail fold for treatment of psoriatic nail changes.

Case Report

16 year old male patient complained of discoloration and grooves in the nails of both hands of two years duration. He had in the past two years never grown normal nails. There was no history of any skin lesions and he felt perfectly 'fit' otherwise. The patient denied any history of vitiligo on his person or his family. Examination revealed bilateral symmetric involvement of all the finger nails which showed yellowish brown discoloration, thickening of the nail plate multiple pits and deep grooves. The right ring finger nail showed a distal wedge of onycholysis. Other body areas did not show any lesion and systemic examination was normal.

With a clinical diagnosis of posriatic nail dystrophy, the patient was advised intradermal injection, at monthly interval, of triamcinolone acetonide (10 mg/ml–0.1 ml each time) into the proximal nail fold. The left hand finger nails were treated initially. Following 2 injections, patient started growing normal nail proximally but slight atrophy was appreciated at the periungual sites. A third injection was given and the patient showed satisfaction at the treatment apart from pain from the injection. On the next visit, the nails appeared much more acceptable but in addition to the atropy, there was development of considerable periungual hypopigmentation (Fig. Page No. 287). The treatment was discontinued and the patient followed up. Last seen, 6 months following discontinuation of therapy, hypopigmentation was persisting.

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Comments

Intradermal triamcinolone, indeed, helps patients to temporarily achieve more cosmetically acceptable nails but the present case demonstrates a potential hazard from this treatment. In patients with dark complexion, hypopigmentation is a dreaded complication and triamcinolone intradermal injections are known to produce hypopigmentation[5]. The possibility of frequent relapses and side effects as reported in this paper should warn physcians against routine use of this form of treatment.

REFERENCES

1. Abell E : Treatment of psoriatic nail dystrophy, Brit J Derm 86 : 7 , 1972.
2. Abbel E and Samman PD : Intradermal triamcinolone treatment of nail dystrophies Brit J Derm, 89, 191, 1973.
3. Bleeker J J : Intradermal triamcinolone acetonide treatment of nail dystrophy with Port-O-Jet, Brit J Derm, 92 : 479, 1975.
4. Peachey RDG, Pye RJ and Harman RRM : The treatment of psoriatic nail dystrophy with intradermal injections, Brit J Derm, 95, 75, 1976.
5. Bedi TR, Bhutani L K, Dhawan I K : Management of Keloids with triamcinolone (A follow up) Castellania (Tropen + Mediezen) 2 : 281, 1974.

PSORIASIS THERAPY

" An International Symposium " on Psoriasis therapy will be held in Israel from February 19–26, 1978, sponsored jointly by the Departments of Dermatology, Stanford University School of Medicine and Hadassah University Hospital. Dr. Eugene M. Farber of Stanford and Dr. Felix Sagher of Jerusalem are the co-chairmen of the symposium. On the faculty of the symposium are Drs. Willi Avrach (Israel), Alvin J. Cox (USA), Otto Braun-Falco (Germany), Charles Grupper (France), Henry H. Roenigk (USA), Terence Ryan (Great Britain), Eugene Van Scott (USA) and John J. Voorhees (USA).

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