

Case Report

Intralesional steroid induced hypopigmentation- a case report

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ABSTRACT

Ganglions are tense, smooth, fluctuant, cystic transilluminant swellings commonly found on the dorsum of the wrist, at the scapholunate articulation. Treatment modalities include aspiration, intralesional corticosteroids, surgical excision, etc. Hypopigmentation is one of the adverse effects associated with intralesional steroid therapy. Here, we report a 21 years old male patient who came with an asymptomatic whitish patch on the left wrist after receiving triamcinolone 40 mg injection at the same site for a ganglion. Case is being reported so as to create awareness of this benign condition amongst the treating physicians or surgeons.

Keywords: Ganglion, Triamcinolone, Hypopigmentation

INTRODUCTION

Triamcinolone acetonide and triamcinolone diacetate are the most widely used intralesional corticosteroids. In addition to antiinflammatory properties, there are few side effects of triamcinolone injection.¹ Ganglions are tense, smooth, fluctuant, cystic, transilluminant swellings usually treated by aspiration or intralesional steroid.² Intralesional steroid therapy is an effective treatment modality for various dermatological and orthopaedic disorders, but it is associated with a few peculiar side effects³ including dermal or subcutaneous atrophy, hypopigmentation, infection, ulceration and localized dystrophic calcification.^{4,5,6}

CASE REPORT

A 21 years old male patient from Imphal visited the Regional Institute of Medical Sciences (R.I.M.S.) hospital (Dermatology OPD), Imphal with an asymptomatic whitish patch on the left wrist since three months. It started one week after receiving triamcinolone

acetonide 40 mg injection at the same site for ganglion which had already disappeared. On cutaneous examination, ill defined, single, 3.5cm x 3cm, hypopigmented patch with streaky margins was seen over the dorsal aspect of left wrist (Figure 1). The patient was thoroughly explained about the condition but was lost to follow-up.



Figure 1: Hypopigmented patch with streaky margins over dorsal aspect of left wrist.

DISCUSSION

Triamcinolone acetonide is used for intralesional injection (sclerosant) in 10 mg - 40 mg for patients refraining from surgery for ganglion. When injected in the cyst cavity it lies in close contact with mucin-secreting mesenchyme cells of the cyst lining, arresting the secretion of gelatinous fluid into the cavity.² Perilesional streaky depigmentation and/or atrophy is a distinct, though rare adverse effect resulting from lymphatic uptake of corticosteroid crystals.^{4,7}

Hypopigmentation may be due to subcutaneous extravasation of the sclerosant². Triamcinolone is more likely to cause depigmentation due to its larger size, higher tendency to aggregate and higher density.⁷ There is no specific treatment for this condition and repigmentation, which may be partial in some cases might take several months.³

CONCLUSION

Hypopigmentation in patients treated with triamcinolone acetonide can be cosmetically alarming as it may be mistaken as vitiligo. Proper counseling of the patient about the condition along with regular follow-up is required.

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