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LETTER TO THE EDITOR

Intralesional Triamcinolone Acetonide for Keloid Treatment: A Systematic Review

B. Hochman · R. F. Locali · P. K. Matsuoka · L. M. Ferreira

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Introduction

The keloid lesion is a hypertrophic scar dysfunction with continuous growth and tumoral shape that usually presents with a hyperemic aspect accompanied by pruritus and pain [6, 12]. This disease can have a prevalence reaching 16% in dark-skinned populations. Those who carry the disease will experience psychosocial impairment and loss of quality of life [16].

The physiopathogenesis of keloids is not completely clear in the medical literature, although it has been the focus of many studies, and this has led to empirical treatments with debatable success [7, 15]. One of the most frequently used treatments is intralesional corticotherapy with triamcinolone acetonide, isolated or in association [10].

However, the literature presents no consensus on the ideal drug concentration for injection into the keloidal scar. Therefore, this study aimed to explore the most effective concentration and application periodicity of triamcinolone acetonide for intralesional injections in keloids.

Methods

Study Inclusion Criteria

Studies

Controlled and randomized trials that evaluated the exclusive effectiveness and safety of intralesional corticoid applications for keloid treatment were included in this study.

Subjects

Subjects of any race, gender, or age with a keloid scar in any anatomic region who had not previously received any type of clinical or surgical treatment were included in the study. Clinically active keloid scars of any etiology with any time of progression were included. The keloids were diagnosed by the macroscopic aspect of the lesion and clinical symptoms such as pain, pruritus, and hyperemic aspect.

Interventions

The applications of intralesional triamcinolone acetonide for keloid scars were evaluated, with no restriction as to drug concentration, injection form, or periodicity.

Clinical Outcomes

The reduction in extension and thickness of the keloid scar and in the clinical symptoms of pruritus, pain, and hyperemia were evaluated.

Search Strategy for Identification of Trials

A systematic review of the literature was performed using the Medline, Lilacs, and Web of Science databases as well as the Cochrane Database of Systematic Reviews as of October 29, 2007. A high-sensibility and low-specificity search strategy formulated from keloid and triamcinolone acetonide–related keywords, synonyms, and abbreviations was used for each database (Fig. 1).

B. Hochman (✉) · R. F. Locali · P. K. Matsuoka · L. M. Ferreira
Division of Plastic Surgery, Federal University of São Paulo (UNIFESP), Rua Napoleão de Barros, 715, 4th Floor, São Paulo 04024-900, Brazil
e-mail: bernardohochman@uol.com.br