



AESTHETIC AND COSMETIC DERMATOLOGY (LASERS SEPARATE CATEGORY)

A RANDOMIZED STUDY TO ASSESS THE EFFICACY OF INTRALESIONAL 5-FLUOROURACIL VS COMBINATION OF TRIAMCINOLONE ACETONIDE AND 5-FLUOROURACIL IN THE TREATMENT OF KELOIDS.

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Introduction: Currently animitotic drugs like bleomycin, mytomyacin -c,interferon - γ have shown promsing results in the management of keloids. This study highlights the effectiveness of 5- fluoruracil (5-FU).

Objectives: To assess the efficacy of 5-FU vs 5FU+steroid injections in keloids

Materials and methods: Thirty newly diagnosed patients with keloids between 20-60 years of age were randomized .Group A received 50 mg/ml of 5-FU intralesionally and group B patients received a combination of 40 mg/ml intralesional triamcinolone acetonide and 50 mg/ml of 5-FU,0.1 ml each 1:1 injected 1centimeter apart. Injections were repeated at 2 weekly intervals for the 1st month, and monthly till lesions showed complete flattening, for a maximum of 3 months. Side effects were noted. The response to treatment was assessed in terms of flattening of the lesions, categorized as excellent (76-100%), good (51-75%), fair (25-50%) ,poor (0-24%). Statistical analysis was done using anova F and mann whitney test. All patients were further followed up for 6 months

Results : The sex ratio and distribution in both groups were matched. One patient dropped out in group A and two were lost to follow up in group B. The reduction in the length of keloid was highly significant in both the groups($p < .05$). However, in comparison there was no statistical significance in the reduction of lesions among both the groups (Chi square test , $p = .269$). Therapeutic response was excellent (53.3% vs 66.7%),good (33.4%vs26.7%), average (6.7% vs 0%), and poor/stopped treatment (0%vs6.7%).Hence both modalities can be claimed to be equally efficacious. Severe pain , bulla, ulceration were among the significant side effects noted with 5-FU, hence injection along with local anaesthetic is recommended. None showed recurrence on follow up.





Conclusion: Both modalities are equally efficacious, with combination showing better side effect profile. Hence it is worthwhile investigating newer antimitotics in keloids.

