



ATOPIC ECZEMA/DERMATITIS

## **SPLIT THERAPY USING INTRALESIONAL TRIAMCINOLONE ACETONIDE AND TOPICAL CLOBETASOL PROPIONATE 0,05% UNDER OCCLUSION ON A CASE OF LICHEN SIMPLEX CHRONICUS**

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**Background:** Lichen simplex chronicus (LSC) is type of dermatitis marked by lichenification which cause by repetitive and chronic itch-scratch cycle. Topical corticosteroid (CS) is the first mainstay therapy of LSC with occlusion administered for chronic lesion and intralesional using triamcinolone acetonide for persistent lesion. There are limited cases reported the comparison between topical and intralesional CS on LSC. Thus, there are no standardized dose for intralesional triamcinolone acetonide use in LSC or other localized dermatitis. The aim of this case report is to compare the effectivity and complication between intralesional dan occlusive CS in chronic and persistent LSC lesions.

**Observation:** A case of LSC in 56-years-old male, with pruritic, red-brown thickened patch on both back of the hands was reported. The patient was treated with split therapy, using intralesional triamcinolone acetonide 2,5mg/cc on the right hand and clobetasol propionate 0,05% ointment under occlusion on the left hand. Three weeks observation after therapy showed that the lesions became smaller and thinner. The lesions improvement between right and left hands is not quite different, and there are no complications from both therapy.

**Key message:** Patient with LSC often came with depression due to the persistent lesions. Various modalities have been proposed as therapy, but CS remain the first option. It have concluded that intralesional injection can work as well as occlusion therapy on LSC.

