ABSTRACT BOOK ABSTRACTS



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MEDICAL THERAPIES AND PHARMACOLOGY

INTRALESIONAL TRIAMCINOLONE ALONE OR IN COMBINATION WITH BOTULINUM TOXIN A FOR THE TREATMENT OF KELOID SCAR: A DOUBLE BLIND CONTROLLED PILOT STUDY

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Introduction: In certain patients, cutaneous injury can ignite excessive fibroproliferative growth that results in keloid formation. Keloids are associated with significant morbidity related to disfigurement and/or symptoms (e.g. pain, pruritus). First-line treatment of formed keloids involves topical or intralesional steroids. Recurrent or resistant keloids are managed by surgical excision or cryotherapy, followed by steroidal application or adjuvant irradiation. While adjuvant irradiation appears to be most efficacious, alternative therapeutic options are needed for patients without access to radiation centers. Botulinum Toxin A appears to have similar inhibitory effects to irradiation on the cell cycle via downregulation of pathogenic cytokines.

Objective: we conducted a study to compare the efficacy of intralesional triamcinolone used alone, or in combination with Botulinum Toxin A, in the treatment of formed keloid scars.

Methods and material: A double- blind, controlled, pilot study was conducted at a Jundishapur University of Medical Sciences. 20 patients with a cumulative total 40 keloids completed the study .Two keloids in each patient were randomly assigned to receive intralesional triamcinolone acetonide plus placebo (group A) or intralesional triamcinolone











acetonide plus BTA (group B). Each patient was blinded to the therapy received by each keloid. All variables were scored using the Vancouver scar assessment scale (25-28). The severity of pain and itching were measured with a visual analogue scale (VAS).

Results: There were no significant difference between treatment arms with respect to height vascularization, pliability and pigmentation scores. The addition of Botulinum Toxin A result in significant symptomatic improvement of pain and pruritus as compared to intralesional triamcinolone alone (P<0.001)

Conclusion: Intralesional injection of triamcinolone and BTA has been found to have similar effect on keloidal cosmetic to triamcinolone alone. But it had significant effect on symptomatic control (e.g., pain and pruritus) this bimodal regimen should be evaluated for efficacy in the adjuvant setting.





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