

KIN DEPIGMENTATION AND SOFT TISSUE ATROPHY AFTER TRIAMCINOLONE ACETONIDE INJECTION

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Background

Steroids are commonly used in physical therapy/orthopedics practice for various indications with excellent results and a seemingly known safety profile. There are literature reports of triamcinolone acetonide localized skin and fat tissue atrophy in some patients.

Case report

We represent a 29-year-old female patient with skin depigmentation and soft tissue atrophy after triamcinolone acetonide (Kenalog) injection into a ganglion cyst over the radiocarpal joint. The patient came to physical therapy two weeks after a whiplash injury and complained of neck and right arm pain with paresthesia. MR of cervical spine revealed C3-C4 disk protrusion without nerve affection and EMNG revealed right C5 mild radiculopathy. Four months after injury, the patient underwent a Kenalog injection in the ganglion cyst over the left radiocarpal joint. Two months after the injection she noticed skin depigmentation and subcutaneous tissue atrophy on the injection site with paresthesia. Six months after injection all symptoms persisted including neck and right arm pain so repeated MRI revealed C5-C6 disk protrusion without nerve compression and EMG revealed C5 bilateral chronic radiculopathy. Algodystrophy was suspected and the patient underwent intensive physical therapy. Brain MRI did not reveal pathology and MR of both forearms did not reveal muscle atrophy. 16 months after injection, she had only mild forearm atrophy with no skin discoloration or pain.

Conclusion

Soft tissue atrophy and local skin depigmentation are known adverse effects of local corticosteroid injections with reported incidences from 1.5-40% and 1.3-4%, respectively. The average latency period for development of both lesions is 4-8 weeks for some authors and 1-4 months for skin depigmentation according to others. In most cases, these events are self-limited and resolve in 6-24 months. Based on some authors the administration of extra-articular corticosteroid injections seems to be a 'relatively safe' intervention, but patients should be informed about local adverse events before drug administration.

Keywords: depigmentation, skin, atrophy, corticosteroid, injection