Intramural triamcinolone for acute hidradenitis suppurativa flares

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Hidradenitis suppurativa (HS) is a chronic, recurrent, immune-mediated follicular disease managed by wide-ranging therapies, including anti-inflammatory drugs. Among these modalities, oral and intramuscular (IM) triamcinolone (TA), is currently one of the most popular and effective for HS flares, though intramuscular administration is impractical in extensive disease. By contrast, intramuscular triamcinolone (IMTA) has not been studied as an alternative treatment for severe, widespread HS flares. We evaluated the efficacy and patient experience associated with IMTA therapy. A retrospective analysis and telephone survey focused on 35 patients who received both IMTA and ILTAC at the Albert Einstein/Montefiore HS Center from January to November 2020. Mean age was 39.1±15.0 years, and approximately half were female (54.3%). Mean disease severity, using a 5-point scale HS phenotype algorithm, was 3.33±1.47. This study assesses the potential utility and reliability of IMTA in the management of HS flares and presents preliminary data on the patient experience of IMTA therapy. The low fluence (FDP+BLEND) method of laser therapy has fewer complications and reduces the risk of retinal damage, making it a safer laser therapy option for the treatment of ocular diseases. To evaluate the safety and efficacy of the FDP+BLEND technique, we performed a retrospective study comparing a group of patients treated with the FDP+BLEND technique to a group treated with the standard high fluence technique. The study included 30 patients, with 15 patients in each group. The primary outcomes were the incidence of retinal complications and patient satisfaction. The results demonstrated that the FDP+BLEND technique was associated with lower rates of retinal complications and higher patient satisfaction, supporting its use in the treatment of ocular diseases.