Triamcinolone

Triamcinolone is a long-acting synthetic corticosteroid given orally, by injection, by inhalation, or as a topical ointment or cream.

Triamcinolone is used to treat a number of different medical conditions, such as eczema, psoriasis, arthritis, allergies, ulcerative colitis, lupus, sympathetic ophthalmia, temporal arteritis, uveitis, ocular inflammation, Urushiol-induced contact dermatitis, aphthous ulcers (usually as triamcinolone acetonide), visualization during vitrectomy and the prevention of asthma attacks. It will not treat an asthma attack once it has already begun.

It has also been used off-label for macular degeneration.

Prior to 2007 it was sold under the name Azmacort as a corticosteroid inhaler for asthma long-term care.

In 2010, TEVA and Perrigo launched the first generic inhalable triamcinolone.

Triamcinolone is used to alleviate infection-induced eczema in fungal skin infections in the combination drug of econazole/triamcinolone.

The derivative triamcinolone acetonide is one of the ingredients of Ledermix, an endodontic (tooth's root canal) lotion used between sessions, and Sanofi sold it under the brand name Nasacort. Triamcinolone acetonide is also used as intra lesional steroid injection to treat keloids and hypertrophic scars.

Different triamcinolone derivatives are available, including acetonide, benetonide, furetonide, hexacetonide and diacetate.

Triamcinolone acetonide is a more potent type of triamcinolone, being about eight times as effective as prednisone.

Side effects of triamcinolone include sore throat, nosebleeds, increased coughing, headache, and runny nose.

White patches in the throat or nose indicate a serious side effect. Symptoms of an allergic reaction include rash, itch, swelling, severe dizziness, trouble breathing.[6] An additional side effect for women is a prolonged menstrual cycle.

In a prospective, double-blind, multicenter clinical trial, 396 patients with severe head injury were randomized to a steroid group (n = 187) receiving 200 mg triamcinolone acetonide (Volon A soluble) i.v. within 4 h after trauma, followed by 3 x 40 mg/day i.v. for 4 days, and 3 x 20 mg/day i.v. for a further 4 days, and a placebo group (n = 209) receiving injections which did not contain any active drug. The placebo group was subjected to the same standard treatment procedures. Clinical features were not different between the groups upon admission to hospital. Subdural hematoma, epidural hematoma, and focal supratentorial contusion were among the most frequent diagnoses. The result of treatment with triamcinolone was assessed at discharge from the hospital and at 1 year after trauma, using the Glasgow Outcome Scale. Differences in favor of steroid treatment could be detected with regard to the patients' condition at discharge (P = 0.0634). More patients with steroids had a good

recovery (49.2% vs 40.7%), and fewer died (16.0% vs 21.5%). Differences in outcome were even more pronounced (P < 0.0145) in patients with a focal lesion and a Glasgow Coma Score on admission of < 8 (n = 93). In this group, 34.8% of the patients made a good recovery, as against 21.3% of the placebo group; mortality was also lower in the verum group (19.6% vs 38.3%). The results indicate that a major subgroup of patients with severe head injury benefits from early administration of triamcinolone. Efficacy of the treatment can be expected, in particular, in patients with a focal cerebral lesion and a Glasgow Coma Score of < 8 on admission. Administration of steroids beginning at the scene of an accident would therefore be beneficial in these cases [1)].

1)
Grumme T, Baethmann A, Kolodziejczyk D, Krimmer J, Fischer M, von Eisenhart Rothe B, Pelka R, Bennefeld H, Pöllauer E, Kostron H, et al. Treatment of patients with severe head injury by triamcinolone: a prospective, controlled multicenter clinical trial of 396 cases. Res Exp Med (Berl). 1995;195(4):217-29. PubMed PMID: 8525072.