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Procedural Pediatric Dermatology

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Acne Cyst

Emmy Graber and Shari Marchbein

Introduction

Acne is an exceedingly common condition, especially in adolescence when it affects 85% of teenagers. Acne cysts, in particular, are often cosmetically distressing to patients, may be painful, and are associated with subsequent scarring that is permanent. Although topical and oral medications are the mainstay of acne management, most of these treatments require weeks to months to adequately reduce inflammation. With a fast onset of action, intralesional corticosteroid injections can provide near-immediate relief from symptoms for acutely inflamed acne cysts. It should be stressed that intralesional corticosteroid injections are not suitable as a long-term acne management, and correct injection technique is not as easy as it may first appear.



Clinical Pearls

- **Guidelines:** No specific consensus guidelines exist for acne cysts in particular, and for use of intralesional corticosteroid treatments, although acne consensus groups recognize that this is a “commonly used technique” that provides “rapid improvement and decreased pain.”¹
- **Age-Specific Considerations:** Ideally, patients should be old enough to ask for treatment, understand the risks and benefits of the procedure and be able to cooperate for an injection.
- **Technique Tips:**
 - Various corticosteroids have been used for intralesional injection, although the most commonly used and published is triamcinolone acetonide.
 - Always inject in a direction “away from” the eye.
- **Skin of Color Considerations:** The technique is best suited for lighter skin types, because there is a risk of hypopigmentation that would be more pronounced in darker skin types, should it occur.

Contraindications/Cautions/Risks

Contraindications

- Allergy to corticosteroids
- Inability to sit still for injection or assent to injection

Cautions

- Smaller lesions have an increased risk of atrophy after injection and hypopigmentation would be more pronounced in darker skin types.
- Always inject in the direction “away from” the eye.

Risks

- Death (infection, anaphylaxis to corticosteroids), systemic absorption of corticosteroids and adrenal suppression, skin atrophy, skin hypopigmentation

Equipment Needed (Figure 50.1)

- Syringe
- 30 G ½-in needle
- 18 G needle
- Triamcinolone acetonide 10 mg/mL injectable suspension
- Normal saline
- Alcohol wipe
- Sterile gauze

Preprocedural Approach

- Draw up the desired concentration of triamcinolone acetonide by diluting it with normal saline (or other suitable diluent) for injection (see Chapter 15. *Injectable Corticosteroids [Intralesional Kenalog, Intramuscular]* and Appendix. *Common Dilutions of Triamcinolone Acetonide [Kenalog]*). Most facial cysts will respond to a concentration of 2.5 mg/mL. For example, to obtain 1 mL volume of triamcinolone acetonide (Kenalog) diluted to a concentration of 2.5 mg/mL, one would first draw up 0.75 mL of normal saline (utilizing the 18 G needle) and then draw up 0.25 mL of “stock” triamcinolone acetonide 10 mg/mL (utilizing the same syringe and 18 G needle). The resulting solution should be manually mixed by shaking the syringe, and the 18 G needle should be replaced with a 30 G needle before proceeding with the injection.

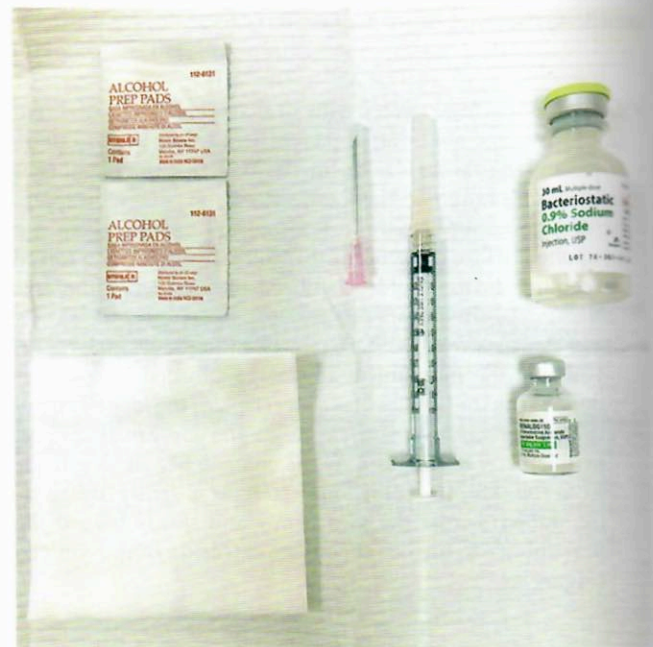


FIGURE 50.1. Acne cyst intralesional corticosteroid set-up.