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**Rahul Ranpariya**  
Dermatologist, India

**To compare the effect of intralesional triamcinolone acetonide vs. intralesional platelet rich plasma in scalp alopecia areata**

**Introduction:** Alopecia areata (AA) is a chronic non-scarring alopecia that involves the scalp and/or body and is characterized by patchy areas of hair loss without any signs of clinical inflammation. Corticosteroids are the most popular drugs for the treatment, but localized atrophy is a common complication, particularly if triamcinolone is used. Platelet-rich plasma (PRP) is an autologous preparation of platelets in concentrated plasma, is a simple, yet effective procedure in the treatment of AA.

**Aim & Objective:** The aim of the study was to evaluate the comparative efficacy of intralesional injection of triamcinolone acetonide with intralesional injection of autologous platelet rich plasma in the treatment of AA.

**Materials & Methods:** This is an interventional study with pre and post comparison in which each individual acted as his/her own control. Ethical clearance was obtained. Each patient was subjected to detail history taking and clinical examination. Thirty patients with  $\geq 2$  patches of AA were chosen. One patch was selected, each for intralesional injection of PRP and triamcinolone acetonide. A total of five such sittings were given at the interval of three weeks. SALT (severity of alopecia tool) score of each patient before initiating as well as after completion of treatment were taken with photographs and Macdonald Hull and Norris grading score during each follow-up after consent on which results were assessed.

**Results:** SALT score, Macdonald Hull and Norris grading system and photographs showed significant improvement up to three months with triamcinolone acetonide with some atrophy while PRP showed significant linear improvement with no complication.

**Conclusion:** Triamcinolone acetonide showed better outcome in short term with some complication while PRP shows better outcome in long term follow-up with no complication but it is a painful procedure.

rahulranpariya1100@gmail.com

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