Topical Steroid Abuse

A presentation for Family Physician by IADVL.

IADVL THEME FOR YEAR 2019-
“FIGHT TOPICAL STEROID MISUSE”
Typical Tinea cruris

Also called GAJA KARNA - Elephant’s Ear
Typical Tinea cruris
Typical Tinea cruris

Pruritic Annular plaque with scaling – A Ring or An Arc
Typical Tinea Faciei
Such type of “BLANKET” treatment is commonly given
Few commonly prescribed creams

- Candid-B
- Zole-F
- Lobate GM
- Panderm+
- Quadriderm
- Surfaz SN
- Betnovate C
- Betamil GM
- Dermi 5
- Cosvate GM

- Sofradex
- Tenovate M
- Candid Total
- Clobet GM
- Clodem M
- Cloben G
- Fourderm
- O2 derm
- Clobikem GM
- Lupiderm GM

Market is flooded with such irrational FDCs
Irrational Fixed dose combination creams are often sold OTC by chemists and also prescribed by GPs.
Patient applies it on Ringworm

What happens NEXT?
Patient applies cream

He feels better

He stops applying cream

Relapse

And the vicious cycle continues...
This is Topical Steroid modified Tinea

Multiple rings and arcs, pustular lesions, wide area involved
This is Topocal Steroid modified Tinea

Ill defined map, multiple arcs
This is Topical Steroid modified Tinea

Ill defined map, multiple arcs
This is Topical Steroid modified Tinea

No ring, only multiple arcs, activity even in the center of plaques
Such extensive tinea is common scenario since last few years.
Sincere appeal from IADVL

Do not prescribe steroid containing cream to treat fungal infection.
No steroid cream for Ringworm (Fungal Infection)

Use plain antifungal cream like

Clotrimazole  Eberconazole
Bifonazole     Amrolfine
Miconazole     Terbinafine
Luliconazole   Sertaconazole
Ciclopirox Olamin  Ketoconazole
Steroids

- Potent Anti-inflammatory
- Anti-proliferative (Anti-mitotic)
- Immunosuppressant
Indications for Topical steroids

- Dermatitis- Atopic, seborrhoeic, Nummular eczema, Varicose eczema, allergic contact
- Psoriasis, lichen planus
- Drug induced allergic rash
- Vitiligo
- Lichen simplex chronicus
- Discoid Lupus erythematosus
- Insect bite allergy

It is very useful drug in treating steroid responsive skin diseases.
Side Effects of Topical Steroid

- Thinning of skin
- Burning of face, face becomes sensitive
- Acneiform eruption
- Exacerbation of existing acne
Side Effects of Topical Steroid (contd.)

- Facial hairs in females
- Facial skin becomes erythematous
- Telangiectasia on face
- Perioral dermatitis, Rosacea
Side Effects of Topical Steroid (contd.)

- Striae
- Purpura, Ecchymosis
- Cushing’s syndrome - Hypertension, Hyperglycemia, Osteoporosis,
- Glaucoma
Thinning of Skin

And hence prominent veins
She applied steroid cream on upper extremities to make them fair.

No fairness but skin became thin with prominent veins.
Development of striae (stretch marks)

This is irreversible side effect
Sever Ugly Striae
Ulcers develop in stretch marks but fungus prevails.
Thinning of skin with stretch marks (striae)
Ecchymosis, Purpura (along with striae)
Purpura
Skin lightening-
Three in One Creams contain

• Fluocinolone/ Mometasone

• Hydroquinone

• Tretinoin
Skinlite, Cosmelite, Melalite XL, Melacare, Melacare forte, Lomela, Getlite, lookbrite, Eveglow, Metacortilite, Melamet White, Pearl, Grazia, Metaskin, Liteskin, Melacut, Mosol Plus, Motesol Plus, Acnezac MS, Melanorm MS, D-Masi, Depig-TM, M-lite, HQN Plus, Multi HTM, Tinacare, Melabest, No-scar, UB Fair

And many more....
Fairness craze

Young boys and girls, men and women apply such creams on face by recommendation of friends, chemists, relatives or parlor and land up in various side effects on face. This is called Topical Steroid Damaged/Dependent Face (TSDF)
Telangiectasia (Permanent dilatation of blood vessels)

It is irreversible damage to the skin, responds only to LASERs.
Telangiectasia
Perioral Dermatitis

Erythematous, scaly papules around lips
Same patient, close-up view
Persistent Erythema
Persistent Erythema
Hypertrichosis
Hypertrichosis
Acneiform eruption

Monomorphinc inflammatory papules
He was given a “Specially made” cream by a parlor for fairness.
They are not “acne vulgaris”
Exacerbation of existing Acne
She applied steroid cream for melasma

Melasma was unaffected but severe acne developed
Even very low potency steroid cream can cause side effects. Skin becomes thin, sensitive with burning & stinging.

She had applied Clobetasone butyrate-low potency steroid.
Other side effects of topical steroids
Hypopigmentation

This is side effect of topical steroid. If somebody uses it as fairness cream, he will also get other side effects of steroids. The fairness doesn’t last longer. In fact face becomes more dark.
Masking of Infections

Tinea incognito (Steroid modified Tinea)
Glaucoma

Steroid (Clobetasol) cream was applied around left eye for fungal infection.
Cushing's syndrome

Clobetasol propionate 1 tube applied per day led to systemic absorption
Boy developed obesity, Hypertension and bone resorption
10 yr old girl; developed cushingoid features with obesity, striae and hypertichosis. Used Clobetasol FDC for tinea for 6 months.
Systemic side effects of topical steroids

Cushing’s Syndrome

Hypertension
Hyperglycemia
DUB
Bone resorption
Classification of topical steroid according to potency
<table>
<thead>
<tr>
<th>Class</th>
<th>Generic Name</th>
<th>Formulation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Class 1 Very High Potency</td>
<td>Betamethasone dipropionate</td>
<td>0.05% G O (diprolene)</td>
</tr>
<tr>
<td></td>
<td>Cloretasol</td>
<td>0.05% C F G L O</td>
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<tr>
<td></td>
<td>Diflorasone diacetate</td>
<td>0.05% O</td>
</tr>
<tr>
<td></td>
<td>Halobetasol propionate</td>
<td>0.05% C O</td>
</tr>
<tr>
<td>Class 2 High Potency</td>
<td>Amincioniode</td>
<td>0.1% O</td>
</tr>
<tr>
<td></td>
<td>Betamethasone dipropionate</td>
<td>0.05% C (diprolene)</td>
</tr>
<tr>
<td></td>
<td>Desoximetasone</td>
<td>0.05% Q, 0.25% C O</td>
</tr>
<tr>
<td></td>
<td>Flucinonide</td>
<td>0.05% C G O S</td>
</tr>
<tr>
<td></td>
<td>Halcinonide</td>
<td>0.1% C</td>
</tr>
<tr>
<td></td>
<td>Mometasone furoate</td>
<td>0.1% O</td>
</tr>
<tr>
<td>Class 3 High Potency</td>
<td>Amincioniode</td>
<td>0.1% C L</td>
</tr>
<tr>
<td></td>
<td>Betamethasone dipropionate</td>
<td>0.05% C (non-diprolene)</td>
</tr>
<tr>
<td></td>
<td>Betamethasone valerate</td>
<td>0.1% O</td>
</tr>
<tr>
<td></td>
<td>Desoximetasone</td>
<td>0.05% C</td>
</tr>
<tr>
<td></td>
<td>Diflorasone diacetate</td>
<td>0.05% C</td>
</tr>
<tr>
<td></td>
<td>Fluticasone propionate</td>
<td>0.05% O</td>
</tr>
<tr>
<td></td>
<td>Halcinonide</td>
<td>0.1% O S</td>
</tr>
<tr>
<td></td>
<td>Triamcinolone</td>
<td>0.1% O</td>
</tr>
<tr>
<td>Class 4 Mid Potency</td>
<td>Betamethasone valerate</td>
<td>0.12% F</td>
</tr>
<tr>
<td></td>
<td>Flucinolone acetinate</td>
<td>0.025% O</td>
</tr>
<tr>
<td></td>
<td>Flurandrenolide</td>
<td>0.05% O</td>
</tr>
<tr>
<td></td>
<td>Hydrocortisone valerate</td>
<td>0.2% O</td>
</tr>
<tr>
<td></td>
<td>Mometasone furoate</td>
<td>0.1% C</td>
</tr>
<tr>
<td></td>
<td>Triamcinolone</td>
<td>0.1% C</td>
</tr>
<tr>
<td>Class 5 Mid Potency</td>
<td>Betamethasone dipropionate</td>
<td>0.05% L</td>
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<tr>
<td></td>
<td>Betamethasone valerate</td>
<td>0.1% C</td>
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<tr>
<td></td>
<td>Flucinolone acetinate</td>
<td>0.025% C</td>
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<tr>
<td></td>
<td>Fluticasone propionate</td>
<td>0.05% C</td>
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<tr>
<td></td>
<td>Flurandrenolide</td>
<td>0.05% C</td>
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<tr>
<td></td>
<td>Hydrocortisone butyrate</td>
<td>0.1% C</td>
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<tr>
<td></td>
<td>Hydrocortisone valerate</td>
<td>0.2% C</td>
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<tr>
<td>Class 6 Low Potency</td>
<td>Alcometasone dipropionate</td>
<td>0.05% C O</td>
</tr>
<tr>
<td></td>
<td>Betamethasone valerate</td>
<td>0.1% L</td>
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<tr>
<td></td>
<td>Desonide</td>
<td>0.05% C L O</td>
</tr>
<tr>
<td></td>
<td>Flucinolone acetinate</td>
<td>0.01% C S</td>
</tr>
<tr>
<td>Class 7 Low Potency</td>
<td>Hydrocortisone acetate</td>
<td>0.5% C L O, 1% C O F</td>
</tr>
<tr>
<td></td>
<td>Hydrocortisone hydrochloride</td>
<td>0.25% C L, 0.5% C L O S, 1% C L O S, 2% L, 2.5% C L O S</td>
</tr>
</tbody>
</table>

C = Cream, F = Foam, G = Gel, L = Lotion, O = Ointment, S = Solution

Avoid Potent Steroids on

- Infant
- Eyelids
- Axillae
- Groins
- Extensive body surface area
No steroid cream for Ringworm (Fungal Infection)

Use plain antifungal cream like

- Clotrimazole
- Bifonazole
- Miconazole
- Luliconazole
- Eberconazole
- Amrolfine
- Terbinafine
- Sertaconazole
This is how Dermatophyte presents
Pruruti annular lesions with tiny papules, vesicles and scales at the border, also called ringworm or tinea
Kindly do not use fixed dose combination cream for any skin disease. It may ruin patient’s skin.
It is for awareness of the issue of topical steroid abuse amongst chemists, doctors and public.
An appeal from IADVL
(Indian Association of Dermatologists, venereologists and Leprologists) to Public

KINDLY DO NOT USE STEROID CONTAINING CREAM WITHOUT DOCTOR’S ADVICE. IT MAY RUIN YOUR SKIN.

By ITATSA (IADVL’s Taskforce Against Topical Steroid Abuse) in Public Interest

Theme IADVL 2019 - ‘FIGHT AGAINST TOPICAL STEROID MISUSE’
कुप्या डॉक्टरोंकी सलाह के बिना स्ट्रोइड क्रीम का प्रयोग ना करें। इससे आपकी चमड़ी को हानि हो सकती है।

स्ट्रीच मार्क, चमड़ी सफेद होना, चमड़ी पहली होना, चेहरा लाल होना, हमेशा के लिए चेहरा लाल होना, अनावस्थित बाल, लाद में बढ़तरी, पुच्छाते।

By ITATSA (IADVL’s Taskforce Against Topical Steroid Abuse) in Public Interest

Theme IADVL 2019 - ‘FIGHT AGAINST TOPICAL STEROID MISUSE’
Tall claims by makers of irrational FDCs
Kindly do not get carried away by such claims
OATH

Henceforth I will use steroid cream
Judiciously and only when indicated.
Take home message

• Use steroid cream judiciously only for proper indication and in correct potency.
• No steroid cream for any infection - bacterial or fungal (ringworm)
• Not to prescribe any steroid cream as fairness cream.
• If any doubt about diagnosis kindly refer the patient to a dermatologist.
STOP
TOPICAL STEROID MISUSE
For skin problems, seek dermatologist’s advise
THANKS