

# Sealing of Follicular Openings in Keloid with Cyanoacrylate Glue for Effective Intralesional Therapy

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## Abstract

Intralesional therapy is a common treatment for keloid. However, because of some follicular openings and comedones on the surface of the keloid on the hairy chest and acne keloidalis, there is a risk of drug leakage, and sometimes ejection of drugs like a jet spray leads to therapy being ineffective. The authors describe a novel and effective method for preventing drug loss from follicular openings during intralesional therapy. To prevent drug loss during intralesional injection, cyanoacrylate glue is applied to the follicular and comedone openings on the keloid's surface.

**Keywords:** Cyanoacrylate glue, follicular openings, hemostasis, intralesional therapy, jet spray, keloids, leakage, sealing

## CHALLENGE

In dermatology, intralesional injection therapy is a common treatment for keloid.<sup>[1,2]</sup> However, because of some follicular openings and comedones on the surface of the keloid on the hairy chest and acne keloidalis, there is a risk of drug leakage, and sometimes ejection of drugs like a jet spray leads to therapy being ineffective. The authors describe a novel and effective method for preventing drug loss from follicular openings during intralesional therapy.

## SOLUTION

To prevent drug loss during intralesional injection, cyanoacrylate glue is applied to the follicular and comedone openings on the keloid's surface [Figure 1]. After 3–5 min, the glue cures, hardens, and seals the openings. Following that, the injection is given into the keloid tissue with a Leur lock syringe without any drug leakage from the follicular opening. For the bleeding at the injection sites after the injection therapy, hemostasis is achieved with cyanoacrylate glue [Figure 2]. Thus, cyanoacrylate glue is a novel and effective use for effective intralesional therapy of keloid with hemostasis. Cyanoacrylate is a nonirritant, nonallergenic US Food and Drug Administration (FDA) proven adhesive glue

having antibacterial, antiseptic, dehydrating (moisture absorber due to exothermic heat production), and sealing properties. In general, the glue remains on the skin for 4–5 days. Usually within a week, it gets dislodged from the follicular openings and skin surface without much effort during taking a bath. There is no incidence of secondary bacterial infection or any adverse effects of the glue seen at the sites. If necessary, the glue can be dissolved or easily removed using an acetone solution.

## Declaration of patient consent

The authors certify that they have obtained all appropriate patient consent forms. In the form the patient(s) has/have given his/her/their consent for his/her/their images and other clinical information to be reported in the journal. The patients understand that their names and initials will not be published and due efforts will be made to conceal their identity, but anonymity cannot be guaranteed.

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**Figure 1:** Intralesional injection is given after sealing of follicular openings and comedones on the surface of keloid with cyanoacrylate glue



**Figure 2:** The post bleeding from injection pricks that are sealed with the glue

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Nil.

### **Conflicts of interest**

There are no conflicts of interest.

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