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“Kenalog Injection for the Treatment of Postoperative Seromas: A Case Series”

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Abstract

Introduction:

Postoperative seromas are a common complication following plastic surgery, particularly abdominoplasty, and are challenging to manage due to high recurrence rates. Traditional treatments such as aspiration, drain placement, and doxycycline injection have demonstrated inconsistent efficacy. This study evaluates the use of intralesional Kenalog (triamcinolone acetonide) as an alternative treatment for recurrent seromas.

Methods:

Five female patients, ages 48-65, with postoperative seromas unresponsive to conventional treatments, underwent Kenalog injections. The steroid mixture, ranging from 100-200 mg Kenalog diluted in bacteriostatic saline (final volume 10-30 mL), was injected directly into the seroma cavity using an 18-gauge needle after aspiration. Patients were followed weekly to assess resolution.

Results:

All five patients experienced seroma resolution following Kenalog injection. Patient 1, who had two unsuccessful excision surgeries, multiple unsuccessful aspirations and doxycycline injections, achieved long-term relief after Kenalog treatment. Patients 2-5, with smaller seromas, achieved resolution with one Kenalog injection. Patients were followed post-seroma resolution to confirm sustained recovery and absence of complications. No significant side effects such as fat atrophy, skin atrophy, skin discoloration, or systemic effects were identified.

Discussion:

Kenalog may reduce seroma recurrence by potentially downregulating inflammatory signaling, although its precise mechanism of action remains unexplored in this case study. This study supports its efficacy as an alternative to doxycycline, particularly for recurrent seromas. Further research with larger cohorts is warranted to confirm its role in postoperative seroma management.

Conclusion:

Kenalog presents a promising and minimally invasive treatment for refractory postoperative seromas, offering consistent resolution with minimal discomfort and risk.