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

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**Abstract**

A seroma is a common post-operative complication consisting of a serous collection of fluid in the surgical space. Most are inconsequential and with serial drainage or placement of a seroma catheter are easily treated and resolve quickly. However, a recurrent seroma refractory to conventional treatments can be a frustrating misadventure for both the patient and the surgeon. A commonly accepted nonsurgical last line treatment is the injection of a sclerosing agent, doxycycline or tetracycline. For surgeons with this dilemma, this article proposes an alternative treatment, the injection of high dose Kenalog. A literature review proved Triamcinolone injection to be effective in auricular seromas, this protocol however is geared towards large, persistent seromas of the torso.

Patient 1 is a 65-year-old female who underwent a circumferential body lift and liposuction followed by a postoperative recurrent sacral seroma. The seroma was aspirated on numerous occasions, surgically excised twice, injected with minocycline, and on another occasion doxycycline. Yet, there was no resolve and the seroma continued. The seroma was successfully resolved after Kenalog was injected into the cavity.

Patient 2 is a 56-year-old female who obtained a sacral seroma after undergoing liposuction of flanks, bra roll, and excision of dog ears bilaterally. The sacral seroma was successfully resolved by aspiration of the serous fluid and injection of Kenalog.

Patient 3 is a 60-year-old female who obtained an abdominal seroma after undergoing an abdominoplasty with extended liposuction. The abdominal seroma was successfully resolved by injection of Kenalog.

Patient 4 is a 48-year-old female who underwent bilateral subpectoral silicone breast augmentation, mastopexy, standard abdominoplasty with circumferential liposuction of torso and arms and fat transfer to buttocks. Patient developed a postoperative abdominal seroma. The seroma was successfully resolved by aspiration of the serous fluid and injection of Kenalog.

Patient 5 is a 55-year-old female who underwent a bilateral subpectoral silicone breast augmentation, mastopexy, standard abdominoplasty with circumferential liposuction of torso and arms and fat transfer to buttocks. Patient developed a postoperative sacral seroma that was successfully resolved by aspiration of the serous fluid and injection of Kenalog.

Doxycycline still holds as the current standard of care for recurrent abdominal and sacral seromas. The ongoing studies using steroids for auricular seromas, may rival this standard as it has been found to be equally as effective as aspiration. Following this data, the use of Kenalog injection has been shown in these patients to be an effective alternative in treating recurring postoperative seromas.