

# Comparison Immediate and Acute Adverse Effects Following Transforaminal Epidural Steroid Injections with Dexamethasone and Diluted Triamcinolone

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**Background:** Transforaminal epidural steroid injections (both lumbar and cervical) are used in many treatments. The use of this method in the control and treatment of radicular pain is intensively expanding. In this method, and for the purpose of implementing the injection process, the needle is inserted from the posterolateral of the spine and steroids injected.

Steroids include a wide range of medications, many of which are used in modern medicine. Research on these drugs is still underway. The use of Dexamethasone in lumbar transforaminal epidural injections and the study of complications caused by it have been less studied. In some previous studies, use of this steroid for lumbar transforaminal epidural injections has been mentioned.

**Methods:** The present study was conducted in Shohada-e-Tajrish Hospital in Tehran. Patients over 18 years of age who were afflicted with Lumbar stenosis Foraminal (Diagnosis by MRI) and had associated with Radio Kevlar pain were selected. These patients are divided into two groups of 14. In a group, 2.5 cc dexamethasone 8 mg / cc diluted with 2.5 cc distilled water was injected. In the second group, 2.5 cc triamcinolone 40 mg / cc was injected with 2.5 cc distilled water in a volume of 5 cc. In order to evaluate and compare the effects of these two steroids on the patients, the results of the questionnaire were evaluated by statistical techniques and software SPSS 21.

**Results:** The results showed that the use of dexamethasone had far more successful effects than another drug. However, the above conclusion is a relative conclusion and absolute expression is not possible. Pharmaceutical manifestations are the result of patient reactions. Thus, doing similar research and comparing drug performance should be put on the agenda of various research and medical teams.

**Conclusion:** Use of Dexamethasone had far more successful effects than Triamcinolone on epidural steroid injections.

**Keywords:** Transforaminal; Epidural; Steroid; Dexamethasone; Triamcinolone

Today, in all modern medical disciplines, minimizing the complications of executive techniques for patients is one of the main priorities of all teams. These techniques are widely used in care and treatment departments. Meanwhile, the use of various anesthetic methods to reduce patient injuries is the same as in other developing methods.

Transforaminal epidural steroid injections (both lumbar and cervical) are used in many treatments. The use of lumbar transforaminal injection, along with Intervertebral Disc, is one of the most commonly used pain control methods in patients [1]. The use of this method in the control and treatment of radicular pain is intensively expanding [2-7]. In this method, and for the purpose of implementing the

injection process, the needle is inserted from the posterolateral of the spine and injected steroids [6]. Both types of transforaminal epidural steroid injections (lumbar and cervical) have various effects and dangers [8-9]. Among the side effects of cervical injection include: Quadriplegia, Cortical blindness,

Fatal stroke is within the posterior cerebral circulation range [10-11]. However, in the case of the lumbar type of infusion, we encounter Paraplegia [12]. All of these effects (caused by Transforaminal epidural steroid injections) are caused by various mechanisms. One of the effective mechanisms in this regard is arterioles obstruction following particle steroids injection [13-14].

Steroids include a wide range of medications, many of which are used in modern medicine [15]. Many studies have been done on these drugs and the complications caused by their use [16]. However, research on these drugs is still underway [17]. The use of Dexamethasone in lumbar transforaminal epidural injections and the study of complications caused by it have been less studied [18]. However, in some previous studies, use of 20 mg of this steroid for lumbar transforaminal epidural injections has been mentioned [19]. Dilution of steroids in order to be

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injected into different individuals is associated with a reduction in the complications (Numbness, itching, tremor, decreased heart rate, general weakness, pain in the injection site, headache, insomnia, nausea, hives, hiccups, imbalances, spasms and muscle clam, headache and pain in Different organs) of this type of infusion.

Achieving further results in this regard can be considered as a research challenge for research and medical teams.

## Methods

The present study was conducted in Shohada-e-Tajrish Hospital in Tehran. For this purpose, patients over 18 years of age who were afflicted with Lambar stenosis Foraminal (Diagnosis by MRI) and had associated with Radio Kevlar pain were selected. In the meanwhile, all patients with drug allergy, pregnancy, cancer with spinal metastasis, people with a history of spinal surgery, infection site, fracture and any spinal instability were excluded from the research group and 28 assigned to the final examination were selected. These patients are divided into two groups of 14. All of these individuals use the same techniques for anesthesia under the same conditions [20-21]. However, in a group, 2.5 cc dexamethasone 8 mg/cc diluted with 2.5 cc distilled water

was injected. In the second group, 2.5 cc triamcinolone 40 mg/cc was injected with 2.5 cc distilled water in a volume of 5 cc. After performing this process, the complications caused by the implementation of the above technique are recorded in both groups of patients (based on the designed questionnaire).

In order to evaluate and compare the effects of these two steroids on the patients, the results of the questionnaire were evaluated by statistical techniques and software SPSS 21.

## Results

According to (Table 1), the variables studied such as age, gender, body mass index, blood glucose level, and patients were in two cases of age and BMI of normal distribution, while in other indices this distribution was not observed.

According to (Table 2), the comparison of blood glucose levels and levels in the two groups did not show any significant difference.

The results show that dexamethasone has a greater effect on reducing complications in patients treated with triamcinolone (Figures 1 to 5).

However, (Figure 6) shows the higher efficacy of Triamcinolone than dexamethasone.

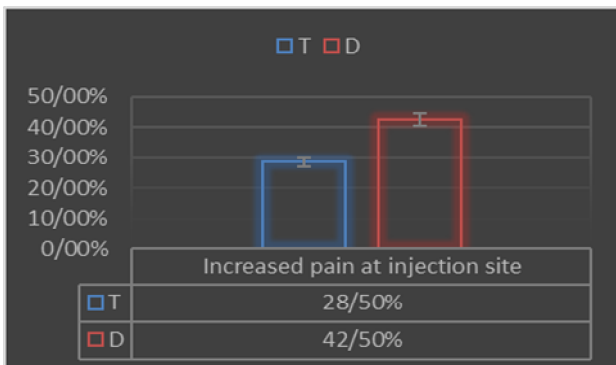
**Table 1- Reviewing the distribution of data in the indexes studied in two groups**

	Statistic	df	Sig.	Statistic	df	Sig.
age_in_years	0.098	28	0.200*	0.961	28	0.369
gender	0.355	28	0.000	0.637	28	0.000
BMI	0.144	28	0.143	0.960	28	0.341
level	0.344	28	0.000	0.748	28	0.000
Elevation_in_blood_sugar	0.171	28	0.035	0.920	28	0.034

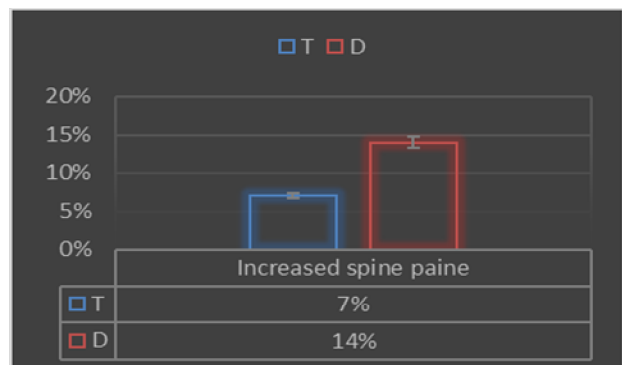
**Table 2- Comparison of blood glucose levels and levels in two different groups of patients (with Dexamethasone(D) and Triamcinolone(T) injection)**

	Ranks		Mean Rank	Sum of Ranks
	KIND	N		
Elevation_in_blood_sugar	D	14	13.18	184.50
	T	14	15.82	221.50
	Total	28		
level	D	14	14.29	200.00
	T	14	14.71	206.00
	Total	28		

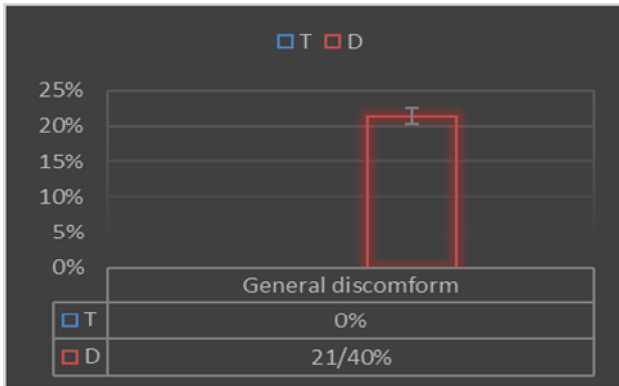
**Figure 1- Comparison of the Effect of Dexamethasone (D) and Triamcinolone (T) on Increased pain at injection site**



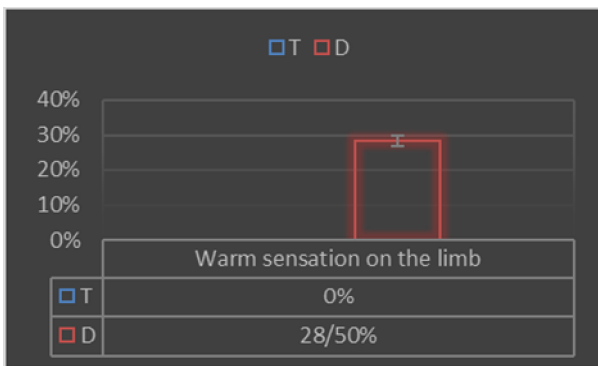
**Figure 2-Comparison of the Effect of Dexamethasone (D) and Triamcinolone (T) on Increased spine pain**



**Figure 3- Comparison of the Effect of Dexamethasone (D) and Triamcinolone (T) on General discomfort**



**Figure 5-Comparison of the Effect of Dexamethasone (D) and Triamcinolone (T) on warm sensation on the limb**

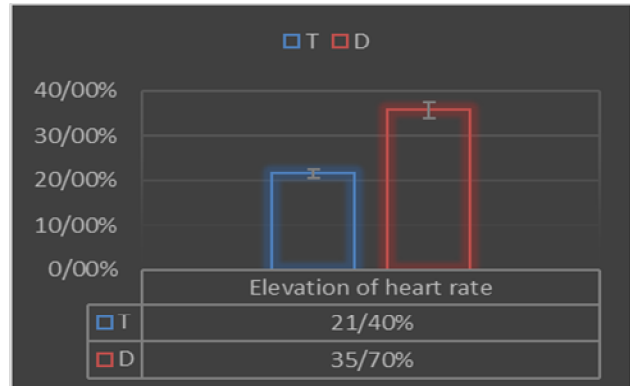


## Discussion

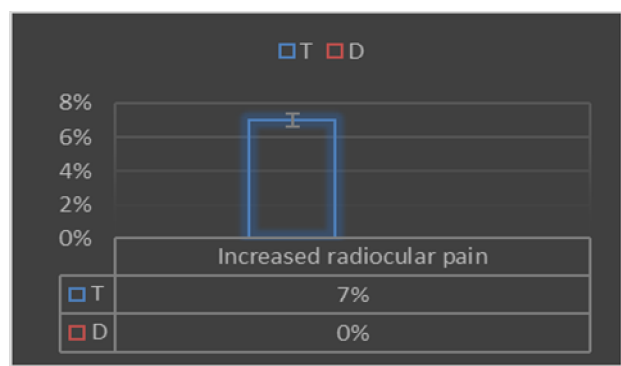
Transforaminal epidural injection is an appropriate method for reducing pain in patients. This method, by increasing the blood flow in the affected areas, can heal the complications and reduce the severity of pain in the patients [7]. The use of steroids in transforaminal epidural injection has been investigated many times by researchers [22]. Because of the different physiological causes and conditions that are created for the patient, these medications produce various effects and dangers [23-24]. Meanwhile, dexamethasone exhibits better effects with proper use [25]. Dexamethasone sodium phosphate at equipotent doses, almost lacks the salt-retaining properties in hydrocortisone. This drug, suspension is used intravenously very commonly for treatment of multiple systemic conditions and gained popularity amongst spine interventionalists [26]. However, the use of dexamethasone is also associated with its own particular hazards. One interesting side effect noted was temporary perineal pruritus occurring immediately after dexamethasone injection. It is possible that it is due to the rapid injection of the medicine, due to an unrecognized vascular injection, or both [24].

In the present study, we tried to examine the efficacy of dexamethasone and triamcinolone in patients undergoing transforaminal epidural injection by collecting information from target patients (described in the materials and method section). The results showed that the use of dexamethasone had far more successful effects than another drug. However, the above conclusion is a relative conclusion and absolute expression is not possible [27]. Pharmaceutical manifestations are the result of patient reactions. Thus, doing

**Figure 4-Comparison of the Effect of Dexamethasone (D) and Triamcinolone (T) on Elevation of heart rate**



**Figure 6- Comparison of the Effect of Dexamethasone (D) and Triamcinolone (T) on Increased Radicular pain**



similar research and comparing drug performance (in a larger statistical society and with new challenging approaches) should be put on the agenda of various research and medical teams.

## Conclusion

Use of Dexamethasone had far more successful effects than Triamcinolone on epidural steroid injections.

## References

1. Delpont EG, Cucuzzella AR, Marley JK, Pruitt CM, Fisher JR. Treatment of lumbar spinal stenosis with epidural steroid injections: a retrospective outcome study. *Arch Phys Med Rehabil.* 2004; 85(3):479-84.
2. Cooper G, Lutz GE, Boachie-Adjei O, Lin J. Effectiveness of transforaminal epidural steroid injections in patients with degenerative lumbar scoliotic stenosis and radiculopathy. *Pain Physician.* 2004; 7(3):311-8.
3. Vad VB, Bhat AL, Lutz GE, Cammisia F. Transforaminal epidural steroid injections in lumbosacral radiculopathy: a prospective randomized study. *Spine.* 2002; 27(1):11-5.
4. Buenaventura RM, Datta S, Abdi S, Smith HS. Systematic review of therapeutic lumbar transforaminal epidural steroid injections. *Pain Physician.* 2009; 12(1):233-51.
5. Schaufele MK, Hatch L, Jones W. Interlaminar versus transforaminal epidural injections for the treatment of symptomatic lumbar intervertebral disc herniations. *Pain Physician.* 2006; 9(4):361.
6. Lutz GE, Vad VB, Wisneski RJ. Fluoroscopic transforaminal lumbar epidural steroids: an outcome study. *Arch Phys Med Rehabil.* 1998; 79(11):1362-6.
7. Young IA, Hyman GS, Packia-Raj LN, Cole AJ. The use of lumbar epidural/transforaminal steroids for managing spinal disease. *J Am Acad Orthop Surg.* 2007; 15(4):228-38.

8. Ackerman WE, Ahmad M. The efficacy of lumbar epidural steroid injections in patients with lumbar disc herniations. *Anesth Analg*. 2007; 104(5):1217-22.
9. Baker R, Dreyfuss P, Mercer S, Bogduk N. Cervical transforaminal injection of corticosteroids into a radicular artery: a possible mechanism for spinal cord injury. *Pain*. 2003; 103(1-2):211-5.
10. Muro K, O'shaughnessy B, Ganju A. Infarction of the cervical spinal cord following multilevel transforaminal epidural steroid injection: case report and review of the literature. *J Spinal Cord Med*. 2007; 30(4):385-8.
11. Tiso RL, Cutler T, Catania JA, Whalen K. Adverse central nervous system sequelae after selective transforaminal block: the role of corticosteroids. *Spine J*. 2004; 4(4):468-74.
12. Rozin L, Rozin R, Koehler SA, Shakir A, Ladham S, Barmada M, et al. Death during transforaminal epidural steroid nerve root block (C7) due to perforation of the left vertebral artery. *Am J Forensic Med Pathol*. 2003 Dec 1;24(4):351-5.
13. Houten JK, Errico TJ. Paraplegia after lumbosacral nerve root block: report of three cases. *Spine J*. 2002 Jan; 2(1):70-5.
14. Rathmell JP, Aprill C, Bogduk N. Cervical transforaminal injection of steroids. *Anesthesiology*. 2004; 100(6):1595-600.
15. Okubadejo GO, Talcott MR, Schmidt RE, Sharma A, Patel AA, Mackey RB, et al. Perils of intravascular methylprednisolone injection into the vertebral artery: an animal study. *J Bone Joint Surg Am*. 2008; 90(9):1932-8.
16. Benzon HT, Chew TL, McCarthy RJ, Benzon HA, Walega DR. Comparison of the Particle Sizes of Different Steroids and the Effect of Dilution: A Review of the Relative Neurotoxicities of the Steroids. *Anesthesiology*. 2007; 106(2):331-8.
17. El Abd O, Amadera J, Pimentel DC, Gomba L. Immediate and acute adverse effects following transforaminal epidural steroid injections with dexamethasone. *Pain Physician*. 2015; 18(3):277-86.
18. Kim DW, Han KR, Kim C, Chae YJ. Intravascular flow patterns in transforaminal epidural injections: a comparative study of the cervical and lumbar vertebral segments. *Anesth Analg*. 2009;109(1):233-9.
19. Hosseini B, Ataei MH, Momenzadeh S, Ommi D. The comparison between steroid and hypertonic saline 10% with steroid in transforaminal epidural injection in patients with unilateral foraminal stenosis. *International Clinical Neuroscience Journal*. 2015; 2(2):50-4.
20. Scanlon GC, Moeller-Bertram T, Romanowsky SM, Wallace MS. Cervical transforaminal epidural steroid injections: more dangerous than we think? *Spine*. 2007; 32(11):1249-56.
21. Helm Ii S, Benyamin RM, Chopra P, Deer TR, Justiz R. Percutaneous adhesiolysis in the management of chronic low back pain in post lumbar surgery syndrome and spinal stenosis: a systematic review. *Pain Physician*. 2012; 15(4): E435-62.
22. Piaggio G, Elbourne DR, Pocock SJ, Evans SJ, Altman DG, CONSORT Group FT. Reporting of noninferiority and equivalence randomized trials: extension of the CONSORT 2010 statement. *Jama*. 2012; 308(24):2594-604.
23. Tuba Z, Mahó S, Sánta C. Corticosteroids: From Natural Products to Useful Analogues. *Analogue-based Drug Discovery*. 2006:419-40.
24. El Abd O, Amadera JE, Pimentel DC. Poster 354 General Pruritus as an Unusual Adverse Effect After Transforaminal Epidural Injection with Dexamethasone: A Case Report. *PM&R*. 2011; 3(10):S296.
25. Baharav E, Harpaz D, Mittelman M, Lewinski UH. Dexamethasone-induced perineal irritation. *N Engl J Med*. 1986; 314(8):515-6.
26. Vinson GP. The mislabelling of deoxycorticosterone: making sense of corticosteroid structure and function. *Journal of Endocrinology*. 2011; 211(1):3-16.
27. Hashemi M, Dadkhah P, Taheri M, Ghasemi M. Effects of Caudal Epidural Dexmedetomidine on Pain, Erythrocyte Sedimentation Rate and Quality of Life in Patients with Failed Back Surgery Syndrome; A Randomized Clinical Trial. *Bull Emerg Trauma*. 2019; 7(3): 245–250.