



**A Multidimensional Coverage**

# LONACORT

Triamcinolone Acetonide 40 mg / ml  
Aqueous Suspension for I.M. Use

## For Multidimensional Disorders...

*Endocrine disorders*

*Rheumatic disorders*

*Collagen diseases*

*Dermatological diseases*

*Ophthalmic diseases*

*Gastrointestinal diseases*

*Respiratory diseases*

*Hematological diseases*

*Neoplastic disorders*

**Brief Prescribing Information:** **Description:** Each ml of sterile suspension contains: Active ingredient triamcinolone acetonide 40mg  
**Action:** LONACORT I.M Injection has an extended duration of effect which may be permanent or sustained over a period of several weeks. Studies indicate that following a single intramuscular dose of 60mg to 100mg of triamcinolone acetonide adrenal suppression occurs within 24 to 48 hours and then gradually returns to normal, usually in 30 to 40 days. This finding co-relates closely with the extended duration of therapeutic action achieved with the drug. **Intra-Articular:** LONACORT is indicated for intra-articular or intra-bursal administration and for injection into tendon sheath as adjunctive therapy for short term administration in synovitis of osteoarthritis, rheumatoid arthritis, epicondylitis, acute and subacute bursitis, acute gouty arthritis, acute nonspecific tenosynovitis, post traumatic osteoarthritis. **Contra-indications:** Corticosteroids are contraindicated in patients with systemic fungal infection. Intra-muscular corticosteroid preparations are contraindicated in idiopathic thrombocytopenic purpura. **Warnings:** Because it is a suspension, the preparation should not be administered intravenously. Strict aseptic technique is mandatory. The preparation is not recommended for children under six years of age. Several instances of blindness have been reported following injection of corticosteroid suspension into the nasal turbinates, corticosteroid may mask some signs of infection and new infections may appear during its use. Prolong use of corticosteroids may produce posterior subcapsular cataracts or glaucoma, with possible damage of optical nerve. Patients should not receive vaccination against small pox while on corticosteroid therapy. Average and large dose of corticosteroid can cause elevation of blood pressure, salt and water retention and increased excretion of potassium. **Usage in pregnancy:** Since adequate human reproduction insufficiency have not been performed with corticosteroid, the use of these drugs in pregnancy and nursing women requires that the possible benefits of the drug be weighed against the potential hazards to the mother and the embryo, fetus or breast-fed infant. **Precautions:** There is an enhanced corticosteroid effect in patients with hypothyroidism and in those with cirrhosis. Corticosteroid should be used cautiously in patients with ocular herpes. Triamcinolone acetonide suspension will ameliorate symptoms of inflammation but treatment of the cause is necessary. Menstrual irregularities may occur. **Adverse reaction:** Fluid and electrolyte disturbances, sodium retention, fluid retention, congestive heart failure, potassium loss, cardiac arrhythmias or ECG changes, delayed healing of fractures, aseptic necrosis of femoral and humeral heads, pathologic fractures of long bones, spontaneous fractures, Hirsutism, impaired wound healing, acne form eruptions, Convulsions, increased intra-cranial pressure with papilloedema, decreased carbohydrate tolerance, increased requirement for insulin or oral hypoglycemic agents in diabetes. **Dosage and administration: Systemic:** For adults and children over 12 years of age, the suggested initial dose is 60mg. Injected deeply into gluteal muscle. For children 6 to 12 year of age, the suggested initial dose is 40mg. Although dosage depends more on the severity of the symptoms than age or weight. **Local:** 2.5mg to 5mg for smaller joints and from 5mg to 15mg for larger joints, depending on the specific diseases entity being treated. For adults doses up to 10mg for smaller areas and up to 40mg for larger areas have usually been sufficient. **DOSAGE REQUIREMENTS ARE VARIABLE AND MUST BE INDIVIDUALIZED ON THE BASIS OF DISEASE UNDER TREATMENT AND RESPONSE OF THE PATIENT. Administration: General:** Shake the vial before use. **Systemic:** For systemic therapy, injection should be made deeply into gluteal muscle. For adults a minimum needle length of 1½ inches is recommended. **Local:** For treatment of joints, the usual intra-articular technique as describe in standard text book should be followed. In treating acute non septic tenosynovitis care should be taken to ensure that the injection of corticosteroid is made into the tendon sheath rather than the tendon substance. **How supplied:** Triamcinolone acetonide suspension is supplied in vial of 1ml providing 40mg Triamcinolone acetonide per ml. **Storage:** Store at room temperature below 25°C, avoid freezing and protect from light.

**References:** (1) Basic clinical pharmacology Bertram G. Katzung, Pg. 641. (2) 1994 Physicians Gen Rx, Pg. 2167.



## “Medicines For All”



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