

Innovations

A simple technique for guarding the insulin syringe needle for intradermal injection therapy

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PROBLEM

In dermatology, intradermal injection therapy (IIT) is commonly used to treat localized alopecia areata and vitiligo.^[1] For this therapy, an insulin needle (26–31 G) with a length of 6–12.7 mm is often used. However, there could be a chance of deep tissue injury and concerns about the effectiveness of the therapy. The needle has been guarded with its customized cap for keloid.^[2] Here, the authors have described a simple technique for guarding 24 G needles (12.7 mm) for IIT.

SOLUTION

For successful intralesional therapy in the case of the aforementioned lesions, there should be an alignment of the needle with the skin surface along with a guard to deposit the drug at a controlled depth. For solving these two problems, the needle shaft is bent for guarding with a needle holder approximately by 15–20° (in the range 15–45°) at 2–3 mm proximal to its beveled part for preventing leakage of drugs while keeping the bevel portion of the needle up or downward [Figure 1a and b]. With this bent needle, it is easy to perform IIT due to better alignment of the

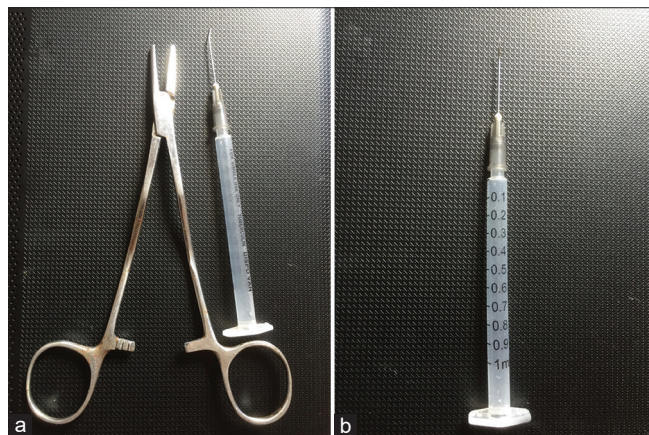


Figure 1: (a and b) 1 mL disposable syringe with bent needle (26 g × 12.7 mm) and needle holder.

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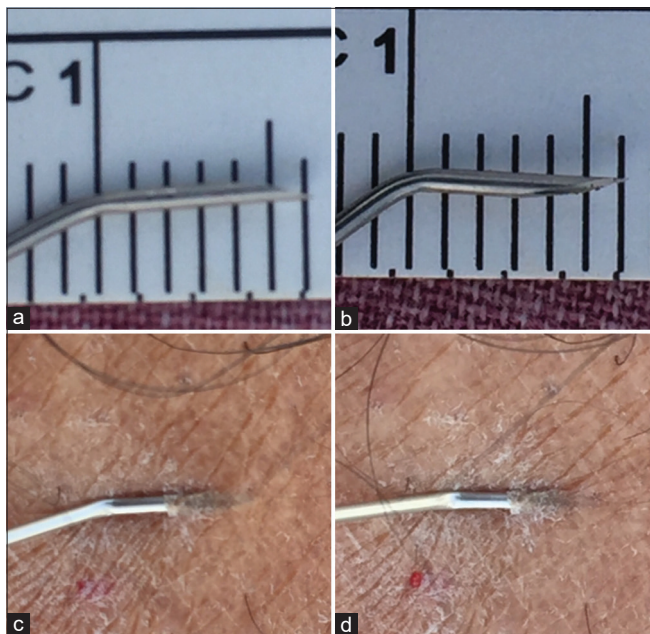


Figure 2: Intralesional therapy is being performed with the bent needle.

needle with the skin surface and the least chance of leakage of drug from the tissue from the prick of the needle insertion, which has less or no chance of deep injury and ineffectiveness of treatment [Figure 2]. After bending the needle, it is also

easier and safer to do intralesional injections for oral mucosal lesions.

Declaration of patient consent

Patient's consent not required as patient's identity is not disclosed or compromised.

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Conflicts of interest

There are no conflicts of interest.

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