

Triamcinolone for Mast Cell Tumors in Dogs

Study: Case A, Burgess K. (2018). *Safety and efficacy of intralesional triamcinolone administration for treatment of mast cell tumors in dogs: 23 cases (2005–2011)*. JAVMA, 252(1):84–91.

Why it matters:

Mast cell tumors (MCTs) are among the most common canine malignancies. Standard treatment is wide surgical excision, sometimes with chemotherapy, radiotherapy, or tyrosine kinase inhibitors. However, not all tumors are surgically resectable due to size, location, or comorbidities. Intralesional triamcinolone offers a minimally invasive treatment or adjunct option.

Method:

- 23 dogs (24 tumors) with confirmed MCTs.
- Treatment groups:
 - Intralesional triamcinolone alone (n=5)
 - Triamcinolone + oral corticosteroids (n=6)
 - Triamcinolone + chemotherapy ± corticosteroids/radiation (n=13).
- Dosing: variable, median ~2 mg/cm tumor diameter (range 0.125–19 mg/cm).
- Median number of injections: 2 (range 1–15).

Results:

- Overall response rate: 67% (16/24 tumors).
 - Complete response: 4
 - Partial response: 12
 - Stable disease: 6
 - Progressive disease: 2
- Median time to progression: 63 days (range 6–447 days).
 - Responders: median 161 days
 - Nonresponders: median 14 days.
- Treatment-naïve dogs responded best (83% CR/PR).
- Adverse events: 3/23 dogs (GI ulceration suspected in 2, local hemorrhage in 1).

Conclusion:

- Intralesional triamcinolone is a **well-tolerated, minimally invasive option** for nonresectable cutaneous MCTs.
- Best suited for:
 - Cytoreduction of inoperable tumors (oral, periocular, distal limb, preputial)
 - Neoadjuvant use before surgery
 - Temporary control during chemotherapy delays.
- Generally safe to combine with systemic therapy.
- Mild adverse effects possible (GI signs, local hemorrhage) — recommend antihistamine prophylaxis.

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