KRF Clinical Practice Guidelines in Keloid Disorder (KRF Guidelines®)

Premedication Protocol for Intralesional Docetaxel Administration in Keloid Patients

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Keloid Research Foundation (KRF) – Clinical Recommendation

Purpose

To minimize hypersensitivity reactions and improve patient tolerance during intralesional administration of docetaxel.

1. Dexamethasone (Oral)

• Dose: 4 mg tablets

• Regimen:

- Start: 2 days prior to the procedure
- Dosage: 8 mg (two 4 mg tablets) twice daily
  - Morning dose with breakfast
  - Evening dose with dinner
- Day of treatment:
  - Administer 8 mg with breakfast.
  - If the treatment is scheduled for the afternoon, administer an additional 8 mg with lunch.

• Rationale: To reduce the risk of docetaxel-associated hypersensitivity.

2. Diphenhydramine (Benadryl)

• Dose: 25 mg tablets (over-the-counter)

• Regimen:

- 25 mg six (6) hours before the procedure
- 25 mg thirty (30) minutes before the procedure

• Caution: Patients should be advised not to drive or operate heavy machinery after taking diphenhydramine due to potential sedation.

• Rationale: To mitigate histamine-mediated hypersensitivity reactions.

3. Famotidine (Pepcid)

• Dose: 20 mg tablets (over-the-counter)

• Regimen:

- 20 mg twice daily, starting one day prior to the procedure and continuing on the day of treatment.

• Rationale: H_2 receptor blockade provides additional prophylaxis against hypersensitivity reactions.

Additional Notes for Physicians

• Premedication is recommended for all patients undergoing intralesional docetaxel injection.
• Patients should be instructed regarding adherence to the timing of doses for optimal protection.
• Review the patient's allergy history and concurrent medications before initiating premedication.
• Consider dose adjustment or alternative antihistamines if the patient cannot tolerate diphenhydramine.
• Monitor for sedation and other side effects related to premedications.
• Document premedication compliance in the patient record prior to treatment.

High-Risk Population

Patients in the following groups are considered at higher risk for hypersensitivity or adverse reactions to intralesional docetaxel and should be treated with additional caution and appropriate premedication:

1. Young Asian females – appear to have an increased susceptibility to hypersensitivity reactions to docetaxel.

2. Patients with a history of allergic reactions to medications – including antibiotics, contrast agents, or chemotherapy drugs.

3. Patients with a history of asthma or other allergic-type disorders – including atopic dermatitis, allergic rhinitis, or chronic urticaria.

Recommendation: These patients should receive full premedication as outlined, be observed closely during and after treatment, and have emergency medications (epinephrine, corticosteroids, antihistamines) readily available.

Pregnancy Precautions and Contraindications

Docetaxel and other chemotherapy drugs are contraindicated during pregnancy due to potential teratogenic and embryotoxic effects. Even though intralesional administration involves limited systemic exposure, systemic absorption can still occur and may pose a risk to a developing fetus.

1. Contraindications

• Pregnant patients – Intralesional docetaxel should not be administered during pregnancy under any circumstance.

• Breastfeeding patients – Treatment is not recommended while nursing, as docetaxel may be excreted in breast milk and could harm the infant.

2. Precautions for Young Female Patients

• Females of reproductive potential should be counseled on pregnancy avoidance during the entire course of docetaxel therapy and for at least three months after the last treatment.

• A negative pregnancy test is recommended prior to initiation of therapy in women of childbearing potential.

• Effective contraception (hormonal or barrier method) must be used by both female patients and male partners during treatment and for three months thereafter.

• If a patient plans to become pregnant, intralesional docetaxel treatment should be deferred until after pregnancy and lactation.

3. Counseling

Physicians should discuss potential reproductive risks in detail with all young female patients before starting therapy, document the discussion, and ensure that informed consent includes acknowledgment of these potential risks.