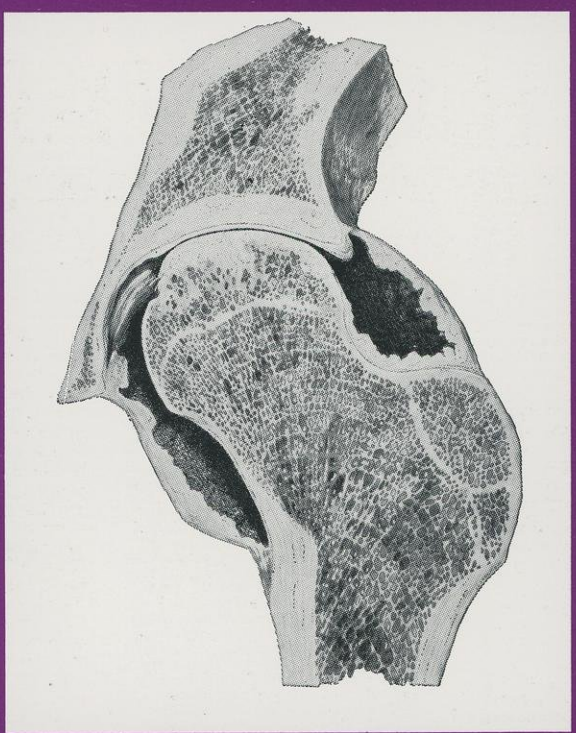
Aristospan advertisement.

[s.l.]: [s.n.], 1969

ARISTOSPAN®
Triamcinolone Hexacetonide Parenteral (20 mg./cc.)

Physicians agree that intra-articular injection should be made no more often than absolutely necessary. This is the reason for the introduction of ARISTOSPAN® Triamcinolone Hexacetonide—the new intra-articular corticoid from Lederle indicated for the treatment of rheumatoid arthritis and osteoarthritis.



Specifically designed for Intra-articular use

In a comparison of various corticosteroids, triamcinolone hexacetonide proved to be the least soluble of the entire group; it can be expected to be absorbed slowly from the injection site.

Corticosteroid	Solubility in water mg/ml at 25° C
Dexamethasone phosphate	4.0
Triamcinolone acetonide	0.04
Betamethasone acetate	0.03
Methylprednisolone acetate	0.014
Prednisolone tertiary butyl acetate	0.01
ARISTOSPAN® Triamcinolone hexacetonide	0.004

(Based on data on file at Lederle Laboratories)

For answers to specific medical questions write Medical Advisory Dept.; for purchasing information or a representative's call write: Dept. 150, Lederle Laboratories.

ARISTOSPAN®

Triamcinolone Hexacetonide Parenteral (20 mg./cc.)

A suspension containing 20 mg./cc. of micronized triamcinolone hexacetonide in the following inactive ingredients:	
Polysorbate 80 USP	0.40% w/v
Sorbitol Solution USP	50.00% v/v
Water for Injection q.s.	100.00% V
Preservative:	
Benzyl Alcohol	0.90% w/v

Contraindications: Do not give intravenously. (Absolute) Active, latent, or questionably healed tuberculosis; ocular herpes simplex; acute psychosis. Should not be given if hypersensitivity to any component exists. (Relative) Active peptic ulcer; acute glomerulonephritis; myasthenia gravis; osteoporosis; fresh intestinal anastomoses; diverticulitis; thrombophlebitis; psychic disturbances; diabetes mellitus; hyperthyroidism; acute coronary artery disease; hypertension; limited cardiac reserve; local or systemic (including fungal and exanthematous) infections; pregnancy particularly during the first trimester. Do not use at sites of local atrophy from previous injections; or where there is infection in or near joints to be injected. In above, consider the risk against anticipated gains.

Precautions: Upon anaphylactoid or other severe reactions or idiosyncrasy, discontinue therapy; take proper measures. Withdraw gradually after prolonged treatment. When patients on therapy, or up to two years after discontinuance, are subjected to unusual stress (trauma, surgery), consider use of a soluble corticosteroid. Therapy may obscure developing infection; if it occurs, treat appropriately. Growth suppression in children is possible during prolonged use. Corticosteroid therapy provides symptomatic treatment and does not obviate the need for conventional measures. Observe closely for signs of hypoadrenalism infants of mothers who have received adrenocortical hormones during pregnancy; institute hormone therapy if such are seen. Efforts should be made to avoid corticosteroid therapy during pregnancy because of possibility of spontaneous remission as in rheumatoid arthritis.

Intra-articular: Prolonged and repeated use in weight-bearing joints may further degeneration or result in instability. Injection into soft tissues around the joint may increase systemic effect. Avoid entering a blood vessel. If septic arthritis occurs (manifested by restricted joint motion, fever, and malaise) after injection, start antimicrobial therapy immediately and continue for at least seven to ten days after symptoms disappear.

Adverse Reactions: Intra-articular: Flare-ups, local atrophy, burning, flushing, pain, swelling. *Systemic:* (Triamcinolone) Depressed appetite and possible mood depression; mild early diuresis; muscle weakness involving thighs, pelvis and lower back. *General Glucocorticoid:* Acne, flushing, moon face, hirsutism; amenorrhea, menstrual irregularity, aggravation of preexisting, and/or precipitation of latent diabetes mellitus; osteoporosis, spontaneous fractures, aseptic necrosis of the hip, humerus, and metacarpals; psychic disturbances, insomnia, headache, increased intracranial pressure with papilledema (pseudotumor cerebri), convulsions; exophthalmos, increased intraocular tension, subcapsular cataracts; peptic ulcer with possible perforation and hemorrhage, ulcerative esophagitis; thromboembolic disease, ecchymoses, purpura, leukopenia; negative nitrogen balance; hypertension; and (rare) necrotizing angiitis and acute pancreatitis.

Lederle LEDERLE LABORATORIES, A Division of American Cyanamid Company, Pearl River, New York 10965

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