CLINICAL VIDEO

Intra-articular Corticosteroid Administration

Arthrocentesis and intraarticular corticosteroid (IACS) administration are simple procedures but often not performed by pediatricians. Hesitancy in executing this procedure may result in delayed diagnosis of underlying arthritis, and often delays the therapeutic benefit of IACS. The most common indication of IACS injection is Juvenile idiopathic arthritis (JIA), particularly oligoarticular JIA. We are sharing this video (***Fig. 1*** and ***Web Video 1***) to increase awareness among pediatricians about this elementary technique. The video depicts the procedure of administrating IACS in a 9-year-old- boy diagnosed as JIA with active arthritis in left knee joint. The procedure was completed without any complication and there was symptomatic improvement in pain and swelling resulting in full range of motion at knee joint without any recurrence at last follow-up (2 months after the procedure).

IACS injection is a daycare procedure and does not require specialized equipments for most of the amenable joints. Triamcinolone acetonide is available in India for IACS injection, and the usual dose is 2 mg/kg for large joints and 1-2 mg/joint for smaller joints. We usually prefer medial retropatellar approach for knee joint. A 21 or 22G needle attached to 10 mL syringe is advanced through skin, capsule, and synovial membrane to enter the joint cavity. A 'pop' sensation and aspiration of synovial fluid confirms the right position. After aspiration, the syringe is detached while leaving the needle in place, and the IACS loaded in a prefilled syringe is administered. The needle is swiftly withdrawn, a gentle pressure is applied for 30 seconds, and a sterile bandaid is applied. Joint rest is advised for 48 h after injection to reduce the escape of medicine from the joint, and improving its anti-inflammatory response.

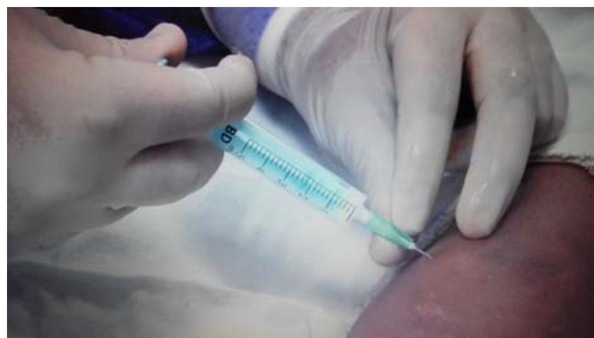

FIG. 1 *Intra-articular corticosteroid administration. (See video at website)*

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NOTICE

Call for Submission of 'Clinical Videos'

Under this section, *Indian Pediatrics* publishes videos depicting an intricate technique or an interesting clinical manifestation, which are difficult to describe clearly in text or by pictures. A video file submitted for consideration for publication should be of high resolution and should be edited by the author in final publishable format. MPEG or MP4 formats are acceptable. The maximum size of file should be 20 MB. The file should not have been published elsewhere, and will be a copyright of *Indian Pediatrics*, if published. For this section, there should be a write-up of up to 250 words discussing the condition and its differential diagnoses. The write-up should also be accompanied by a thumbnail image for publication in the print version and PDF. Submit videos as separate Supplementary files with your main manuscript. A maximum of three authors (not more than two from a single department) are permissible for this section. In case the video shows a patient, he/she should not be identifiable. In case the identification is unavoidable, or even otherwise, each video must be accompanied by written permission of parent/guardian, as applicable. Authors are responsible for obtaining participant consent-to-disclose forms for any videos of identifiable participants, and should edit out any names mentioned in the recording. The consent form should indicate its purpose (publication in the journal in print and online, with the understanding that it will have public access) and the signed consent of the parent/legal guardian. The copy of the consent form must be sent as supplementary file along with the write-up, and original form should be retained by the author. A sample consent form is available at our website *www.indianpediatrics.net.*