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KELOIDS & HYPERTROPHIC SCARS

Keloids are smooth firm discolored lumpy scars, opposite of Stretch Marks, arising spontaneously or after minor injuries, burns, insect bites, acne, wounds and surgical incisions. These scars can be unsightly, itchy, painful, tender and may restrict movement if over a joint. How & why this excessive scar forms is not known. Any one can develop a keloid but there is higher incidence in some families, and in people with darker complexion. Avoid performing non-essential cosmetic surgery in patients known to form keloids; however, the risk is lower among patients who have only earlobe lesions. Keloids are difficult to treat. Surgical removal may result in a bigger keloid than the original lesion. Keloids are harmless to general health and do not change into skin cancers.

Standard Treatments include occlusive dressings, compression therapy, and topical or intralesional corticosteroid inj.

Occlusive dressings include silicone gel sheets and dressings, non-silicone occlusive sheets appear to have some success from a combination of occlusion and hydration, rather than from an effect of the silicone. Emollients of your choice such as CeraVe, Purpose, Moisturel, Eucerin, Keri & Aquaphor applications twice a day with gentle pressure may be helpful in early stages of keloid formation. Various Polyurethane & Silicone Scar reduction patches (ScarAway etc) can be used.

Compression therapy involves pressure, which has long been known to have thinning effects on skin. Compression treatments include button compression, pressure earrings, ACE bandages, elastic adhesive bandages, compression wraps, spandex or elastane (Lycra) bandages, and support bandages.

Other pressure devices include pressure earrings and pressure-gradient garments made of lightweight porous Dacron, spandex (also known as elastane), bobbinet fabric (usually worn 12-24 h/d), and zinc oxide adhesive plaster. Overall, 60% of patients treated with these devices showed 75-100% improvement.

Corticosteroids specifically intralesional corticosteroid injections, have been the mainstay of treatment. Corticosteroids reduce excessive scarring by reducing collagen synthesis. Complications of prolonged use of steroids include thinning of skin, atrophy with stretch marks, spider veins, and loss of normal pigment causing blotchy discoloration.

Topical steroids include High potency Steroids. Clobetasol & Betmethasone (Temovate/Diprolrene 0.05% Oint) may be used with bandaid occlusion. Cordran tape, a clear surgical tape that contains flurandrenolide, a steroid has been shown to soften and flatten keloids over time.

Intralesional steroid therapy as a single modality and as an adjunct to excision has been shown to be efficacious in various studies. The most commonly used corticosteroid is triamcinolone acetonide (TAC) in concentrations of 10-40 mg/mL administered intralesionally with a 25- to 27-gauge needle at 4- to 6-week intervals.

Experimental treatments for keloids and hypertrophic scars include intralesional IFN; 5-FU; doxorubicin; bleomycin; verapamil; retinoic acid; imiquimod 5% cream; tacrolimus; tamoxifen; botulinum toxin; TGF-beta3; rhIL-10; VEGF inhibitors; etanercept; mannose-6-phosphate inhibitors (M6P); onion extract; the combination of hydrocortisone, silicon, and vitamin E; PDT; intense pulsed light (IPL); UVA-1; and narrowband UVB.

Surgical treatments include various forms of surgical excisions including full thickness removal, needling, subcision etc, cryotherapy, light & laser therapies, and other treatment modalities.

Please consult a doctor well versed with all aspects of Keloid management.

Inappropriate aggressive treatment may make the scars worse.