



# Solving the Keloid Conundrum

Are cosmetic treatments too risky for patients prone to keloids?

**WITH ANDREA MURINA, MD**

**SECTION EDITOR: JOEL SCHLESSINGER, MD**

**K**eloids are among the most vexing scars to treat, largely because of their unpredictable nature, high recurrence rate, and the dearth of consistently effective treatments.

The pathogenesis of keloids is poorly understood, and we don't understand why certain patients are more susceptible than others. We also do not know why keloids are more common on certain skin sites, such as the ears, chest, and back.

If a patient forms a keloid once, he or she will very likely form another keloid subsequent times that the skin is injured. Many patients first realize that they are prone to keloids after ear piercing or trauma to the earlobe. Keloids can also occur due to acne on the chest or back or due to pseudofolliculitis on the scalp and beard area. Keloid removal is difficult, because the recurrence rates can reach 70 percent, and in some cases, the recurrences can be larger than the original keloid.

## TREATING KELOID SCARS

There are no FDA-approved drug treatments for keloid scars. A device that delivers superficial radiation, the Sensus SRT-100, is FDA approved for keloid removal. Other available options include excision (with or without repair), steroid injections, intralesional 5-Fluorouracil (5-FU), radiation therapy, imiquimod, silicone gel or silicone sheeting, pressure devices, botulinum toxin injections, cryotherapy, and lasers.

My keloid treatment algorithm begins with intralesional triamcinolone every four to six weeks. I inject using a small gauge needle and as few injection sites as possible.

If the keloid can be excised, I perform a shave excision followed by post-operative silicone gel and/or use of a pressure device.

Recurrent keloids are treated with radiation therapy for three days post-operatively. All excisions are followed by

intralesional triamcinolone or 5-fluorouracil every four to six weeks until the scar is flat.

Counseling about the importance of follow-up is an essential part of keloid treatment. Because recurrences of keloids are unpredictable, it is important to have patients return to the clinic on a regular basis. Keloids can recur immediately or even years after treatment. It is also critical to have patients monitor the scar over time and note any symptoms, such as itching or pain.

## WEIGHING RISKS

When planning a procedure on a patient prone to keloids, it is important to weigh the risks of abnormal scarring

*(Continued on page 54)*

### NOW PLAYING ON DERTUBE



Get more from Dr. Murina. For an episode of DermTube Journal Club, Andrea Murina, MD spoke with host Nancy Samolitis, MD to discuss recent research into the causes of complications from tattoos.

**Watch now:** [DermTube.com/series/dermjclub/](http://DermTube.com/series/dermjclub/)

**dermtube**  
From the publishers of *Practical Dermatology*

(Continued from page 50)

#### OPTIONS FOR KELOID MANAGEMENT

SRT-100 (Sensus)\*  
Excision (with or without repair)  
Steroid injections  
Intralesional 5-FU  
Radiation therapy  
Imiquimod  
Silicone gel or silicone sheeting  
Pressure devices  
Botulinum toxin injections  
Cryotherapy  
Lasers

\*FDA approved for keloid treatment.

against the benefits of the procedure. If a major surgery or cancer removal is necessary, then the benefits outweigh the risks. Aesthetic procedures or benign tumor removals can be particularly risky, especially when they occur on the face, ears, and neck. An honest discussion about the risks of keloid formation is warranted before proceeding with an aesthetic procedure.

Implementation of appropriate pre-operative and post-operative strategies may minimize the risk of keloid scars for our patients. We can minimize tension and trauma to the surgical site. In at-risk patients, we can use topical treatments and injections post-operatively in a prophylactic manner.

#### NO QUICK FIX

The bottom line is that there is no quick fix for keloid scars, and it can take multiple months to get a keloid flatter and more aesthetically pleasing. Research is ongoing, and we hope to have more treatments and evidence-based clinical protocols for both treatment and prevention in the near future. ■

*This article is based on a presentation given at Cosmetic Surgery Forum 2017. Cosmetic Surgery Forum 2018 will be held November 28 to December 1 at Cosmopolitan, Las Vegas. For information, visit [cosmeticsurgeryforum.com](http://cosmeticsurgeryforum.com).*

*Andrea Murina, MD, FAAD is an associate professor in the department of dermatology at Tulane University in New Orleans.*

