



Keloids

When the scar from a cut or wound grows and spreads beyond the size of the original wound, it is known as a keloid. Keloids may vary in size, shape, and location. They occur more often in darker skin or in people with a family history of keloids. Keloids are common on the ear lobes, neck, hands, or forearms, and usually occur after an injury of infection. Occasionally they occur spontaneously, especially on the mid-chest area. Keloids often follow surgery, cuts, scrapes, or ear-piercing. They can even be caused by acne on the face, chest, and back. Keloids are usually just a cosmetic problem. They never become cancerous.

Treatment

There is no satisfactory treatment for keloids. If you have a keloid, seek the advice of your general practitioner, dermatologist or plastic surgeon.

- Surgical excision must be performed with great care as it may result in a second keloid even larger than the original one.
- Triamcinolone (a type of steroid) can be injected into the scar. When repeated every few weeks the keloid usually flattens or becomes smaller. The injections are uncomfortable.
- Pressure dressings or earrings may be suitable, applied for 24 hours a day for months on end. They work best when used early.
- Silicagel sheeting or Mederma can help prevent keloid formation after surgery or help soften small keloids, but is not helpful for thicker lesions.

Unfortunately, keloids tend to return and even enlarge, especially after treatments. The above treatments are helpful, but will not usually make the area of scarring look like perfectly normal skin. Some of these treatments are not covered by some insurance plans.