

Image Letter

Alternative Management For Refractory Keloids

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Case Presentation

A 43-year-old woman presented with a keloid scar on the outer edge of the helix and the ipsilateral lobe, with seven lobes measuring 2–3 cm in thickness and an increase in the total area of 9 cm. The patient underwent plastic surgery, which included five surgical procedures, triamcinolone injections, and pressure therapy, with no improvement and an increase in size. She was referred to the dermatology department and began combined treatment with monthly injections of triamcinolone and 5-fluorouracil (0.5/0.5 mg) for three months. In November 2022, the first resection was performed using shaving and cryotherapy, combined with dual injections of 5-fluorouracil and triamcinolone, followed by the same procedure every two months until seven procedures were completed. Subsequently, monthly injections of both medications were administered, achieving excellent aesthetic results with no signs of keloid recurrence.

Teaching Point

Currently, there are numerous therapies for keloids, including monotherapies such as corticosteroid injections, topical treatments, radiotherapy, cryotherapy, compression therapy, 5-fluorouracil (5-FU) therapy, and surgery. However, combination therapies offer better aesthetic results and lower recurrence rates. Auricular keloids are one of the most recalcitrant forms of keloids to treat due to their high recurrence rate. Combination methods are the preferred approach for this location [1]. Intralesional corticosteroid application helps reduce inflammation and inhibits collagen production, fibroblast activity, and glycosaminoglycan synthesis. 5-fluorouracil acts on fibroblast growth, angiogenesis, and type I collagen expression. Cryotherapy causes vascular damage, decreases inflammation, and increases collagen organization, blocking various key pathophysiological sites for their development and enhancing the mechanism of action of the involved drugs [2].



Figure 1. A: Keloid scar involving the entire external border of the helix and ipsilateral lobe. B: After the procedure.

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