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Causes, symptoms and treatments of keloid scars

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INTRODUCTION

Commentary

Keloids are abnormal growth of scar tissue formed at the site of skin injury (eg, the site of surgical incision or trauma), do not regress and grow beyond the original edge of the scar. Keloids should not be confused with hypertrophic scars. Hypertrophic scars are raised scars that cannot grow beyond the extent of the original wound and can decrease over time.

CAUSES

After your skin is damaged, your cells try to repair it by damaging it. In some people, scar tissue continues to form after the wound has healed. This extra scar tissue causes a raised area of skin called keloids. Doctors still don't understand why some people's skin is so damaged. Keloids can be caused by a several skin injuries such as cuts, surgical scars, severe acne, chickenpox, insect bites, injection sites, piercing, tattoos, family keloid history, and people with dark skin are more likely to develop keloids (Fagerstrom, 2002).

SYMPTOMS

Keloids can have the following properties:

It can take 3-12 months or more for the first signs of keloids to appear, so it develops slowly. Most of them appear within a year of the one that injured the skin. It begins as a raised pink, red, or purple scar. If a keloid appears on the earlobe, it can be round or oval. If it is on the chest, legs, or arms, it can be with a flat surface. It grows slowly and spreads over weeks or months. Keloids can also grow for years or rapidly trebling in size in a few months. When you touch the scar, it becomes soft and doughy or hard and rubbery unlike the surrounding skin. Ear lobes are most likely to feel tight. As keloids grow, they may experience itching, pain, or both. Keloids on the chest are often soft. When keloids stop growing symptoms usually stop. Most keloids are fixed and do not move. Keloids can hang from the neck, stomach, and stalks of the ears so they move slightly when touched. When keloids stop growing, they tend to be darker than human skin. The edges are usually darker than the center (Flay, 1994).

TREATMENT

Injections of Corticosteroids and Other Medicines

These injections are often part of a keloid treatment plan. When these drugs are injected into keloids, they help reduce scarring. About 50% to 80% of keloids contract after injection. However, many of these keloids will be restored within 5 years. To improve results, dermatologists often add alternative treatments to their treatment plans.

Surgical Removal (Keloid Surgery)

This process involves surgical cutting of keloids. This may seem like a permanent solution, but it is important to know that 100% of keloid returns after this treatment. Dermatologists often treat patients with other treatments after surgery, Injections of corticosteroids or cryotherapy may help in reducing the risk. When keloids are in the ear, wearing a special earring that puts pressure on the earlobe can prevent the keloid from returning. Radiation therapy after surgical resection can also prevent the recurrence of keloids (Khuder, 1999).

Pressure Therapy

It is often used after keloid surgery. Pressure on the area reduces blood flow and prevents keloids from returning. Many patients using this treatment can prevent another keloid. However, these devices tend to be uncomfortable and can be difficult. To get results, patients should wear it for up to 16 hours a day for 6-12 months. Pressure earrings are usually the easiest to wear and are often recommended by a dermatologist after removing keloids from the earlobe (Klesges, 1989).

Laser Treatment

This allows you to reduce the height and lighten the color of the keloid. Often used along with the other treatments such as series of corticosteroid injections or pressure.

Silicone Sheets and Gels

These can be used with pressure to prevent keloids from returning. Silicone may be used alone to flatten keloids. In one study, patients after continuously using silicone gel for 6 months 34% of the raised scars were somewhat flattened.

Cryotherapy

This treatment freezes the keloid from the inside to the outside while being gentle on the skin underneath the keloid and is used to reduce the hardness and size of keloids. Cryotherapy is best for small keloids. Some cryotherapy treatments before (or after) corticosteroid injections can reduce the size of keloids. This will make the injection more effective. Dermatologists have found that patients who have received three or more cryotherapy treatments usually experience the best results (Stillman, 1986).

Ligature

If you can tie a surgical thread around the keloid, your dermatologist may recommend this treatment. The surgical thread gradually bites into the keloid, which can cause the keloid to fall off. For every 2-3 weeks, a new surgical thread should be tied around the keloid.

Treatment can reduce the size of keloids. It can relieve symptoms such as pain and itching. Sometimes treatment eliminates keloids which can continue to grow for months or even years. They eventually stop growing, but do not disappear without treatment. In some cases, keloids may return after being removed.

REFERENCES

- Fagerström K (2002). The epidemiology of smoking. Drugs. 62(2):1-9.
- Flay BR, Hu FB, Siddiqui O, Day LE, Hedeker D, Petraitis J (1994). Differential influence of parental smoking and friends' smoking on adolescent initiation and escalation and smoking. J Health Soc Behav. 248-265.
- Khuder SA, Dayal HH, Mutgi AB (1999). Age at smoking onset and its effect on smoking cessation. Addict behav. 24(5):673-677.
- Klesges RC, Meyers AW, Klesges LM, LaVasque ME (1989). Smoking, body weight, and their effects on smoking behavior: a comprehensive review of the literature. Psychol Bull. 106(2):204.
- Stillman RJ, Rosenberg MJ, Sachs BP (1986). Smoking and reproduction. Fertil Steril. 46(4):545-566.