KELOIDS

What are the aims of this leaflet?

This leaflet has been written to help you understand more about keloids. It tells you what they are, what causes them, what can be done about them, and where you can find out more about them.

What is a keloid?

When a wound heals, it leaves a scar. A keloid is a special type of scar: one that grows too much and can even become larger than the original wound. It is not uncommon for surgical or injury scars to become a little lumpy (hypertrophic). A keloid differs from these in several ways:

- A keloid can come up after very minor skin damage, such as an acne spot, or even if there has been no obvious damage to the skin at all.
- It can spread outside the original area of skin damage.
- It may last for many years.

What causes keloids to occur?

This is not fully understood. Most people never get keloids; others get them after the most minor of injuries. Several things affect the risk of getting one:

- Dark skinned people get keloids much more easily than those with a paler skin. They are especially common in people with black skin.
- Keloids can crop up anywhere but do so most easily in certain areas, such as the skin around the upper chest and shoulders – particularly over the breastbone (sternum) – and on the earlobes.
- Wounds that are under tension while healing, or which get infected, are particularly likely to form keloids, as are burns and acne scars.
- Keloids are most common between the ages of 10 and 30 years.
- Keloids are not caught from someone else and carry no risk of turning into a cancer.

Are keloids hereditary?

They can be – a tendency to get keloids certainly runs in some families.

What are the symptoms of a keloid?

Usually there are none; but some are tender, painful, itchy, or cause a burning sensation. The main problem is that their appearance may cause embarrassment. If they are very tight, they can limit movement at nearby joints.

What does a keloid look like?

Keloids look like exaggerated scars. They are raised above the skin around them and sometimes are domed. They can extend beyond the limits of the skin damage that caused the scar to come up in the first place. They are shiny and hairless; usually they feel hard and rubbery; and new ones are often red or purple, becoming browner and sometimes paler as they age. Most people with keloids have only one or two. However some people have many, especially if they have come up after acne or chickenpox scars.

How will it be diagnosed?

Your doctor will be able to make the diagnosis of a keloid just by looking at your skin. No investigations are usually needed.

Can a keloid be cured?

It is unusual for a keloid to be cured after treatment. The main problem is that cutting a keloid out often leads to an even bigger one forming later in the same place.

How can a keloid be treated?

Treatment is difficult and not always successful. Possible lines of treatments include the following:

- Injections of a steroid (triamcinolone) into a keloid may help to flatten small early ones.
- Freezing with liquid nitrogen may also stop early keloids from growing.
- Putting a silicone sheet over them at night for several months helps some keloids to flatten. Long-term compression with pressure bandages sometimes helps too.
- Laser treatment makes keloids less red, but does not make them smaller.
- If a keloid is cut out, it usually comes back, and may end up larger than it was before. This risk falls if the area is treated after the operation with pressure dressings or local steroid injections.

What can I do?

With keloids, prevention is better than cure. You have extra risk of getting a keloid if:

- You have had a keloid before.
- Members of your family have had them.
- You have a dark skin.

If you are at risk, you should avoid; tattoos or body piercing, particularly if these would go through one of the high-risk areas of skin, such as the ear lobes. If you have acne, see your doctor to make sure it is treated vigorously to limit the risk of scarring. You should avoid having skin surgery for cosmetic purposes.

Where can I get more information?

Web links to detailed leaflets:

www.medicinenet.com/Keloid/article.htm

www.dermnetnz.org/dna.keloids/keloids.html

www.emedicine.com/derm/topic205.htm