

DERMATOLOGICAL SURGERY

EFFICACY OF SURGERY ON EARLOBE POST-PIERCING KELOIDS

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Introduction: A keloid is a hyperplasia of fibrous tissue following an injury including surgical or an inflammatory local condition. Rare in Caucasians, this skin disease is very common in dark- skinned people causing an aesthetic problem.

In the era of massive migration of populations around the world, the frequency of keloids on earlobe, especially in Africans, disserves to draw a particular attention towards my colleagues worldwide.

Material: My observations were based on cases encountered in my clinic over 28 years of practice. A cohort of 55 patients has been enrolled in my review: 1 man and 54 women. Clinical examination

- . 18 patients have used a non sterile tool for piercing while 37 others have used an adequate pistol.
- . No post piercing infection was reported.
- . 2 children have developed keloids after repetitive traction on earrings by other classmates.
- . 53 patients reported an oozing and itching a few months before the initial core nodule.
- . 14 patients presented recurrent keloids after removal and suturing even followed by infiltration of triamcinolone.

Treatment

A translobular excision under lidocain, was performed; no suturing done. After a 2 week mean period of wound cleaning with polyvidone, triamcinolone 40 mg was infiltrated.

Discussion: In 100% of the cases, the earlobe keloid has developed after a contact dermatitis with an earring made of nickel.

Recurrence after surgery likely results from either a subtotal keloidectomy and/or too much traction on normal cells while stitching.

Conclusion: Skin damage, surgical impairment and inflammatory disease on earlobe remain triggering factors of this disease.

Accurate surgical excision without suturing but with non delayed infiltration of triamcinolone has shown its success.





