



WOUND HEALING

## PEDIATRIC KELOID DISORDER. CASE SERIES OF 30 PATIENTS FROM TUNISIA

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**Introduction:** The aim of our study was to review the epidemiological and clinical characteristics of the keloid disorder in children focusing particularly on the therapeutic features.

**Methods:** We performed a retrospective study in our dermatology department between 2015 and 2018. The inclusion criteria consisted of keloid lesions confirmed by clinical evaluation or histological examination in patients aged between 2 and 16 years old.

**Results:** Over 30 months, we collected 30 cases (Sex ratio F/ M = 1.72). The mean age was 10.7 years. A personal history of keloids was noted in 2 cases. The triggering factors for development of keloids lesions were: burns in 11 cases (36.66%), injuries in 6 cases (20%), chickenpox scars in 6 cases (20%), surgery in 6 cases (20%) and a piercing in 1 case (3%). Lesions were located at various sites. The sternum was involved in the majority of patients (20%). Twenty cases of the patients were treated with a triple therapy which includes a silicone gel, a topical corticosteroid and phenolization. Phenolization was performed with an average of 12 sessions (range, 3-60). A regression more than 50% of the initial keloid scar with satisfaction of the patients or their parents was noted in 10 cases (62%). In five children Triamcinolone acetonide was administered with an intralesional injection. One session per month with an average of 4 sessions were needed with a favorable outcome in 2 cases. The other patients (5 cases), were treated only by silicone gel or topical corticosteroids with a favorable evolution in 1 case.

**Conclusions:** Our case series is remarkable for the frequency of keloid scars in female children specially after burns and injuries. The successful outcome of phenolization in combination with silicone gel and topical corticosteroids suggests that this combination may be useful in future cases.

