

June 17, 2020

# Keloid<sup>insider</sup>

Keloid Insider is a regular newsletter published and distributed by Dr. Tirgan. Various keloid-related topics are discussed in straightforward language.

## Strategies for Treatment of Keloids

### Importance of Long-Term Treatment Plans

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Successful treatment of a disease is only possible when we understand the underlying problem. Best example of this concept is Diabetes. When the body fails to produce insulin, we shall treat the patient with insulin. A remarkably simple concept.

Our current understanding of keloid disorder is that it is *a genetic disorder of the skin's wound healing mechanisms*. Under normal circumstances and subsequent to a deep injury to the skin, once the wound is adequately healed—which often takes several weeks—the inflammation, redness and swelling will all regress to their baseline states. However, in keloid patients this regression to normalcy does not happen: the wound continues to heal itself; and as a result, keloid lesions form. The redness, pain and itching that patients often experience are all due to persistent inflammation. It is precisely for this reason that keloid removal surgery often does not work, as cutting a keloid results in a new wound that needs to heal.

Surgery often causes keloids to worsen since the injury to the skin during the removal of a keloid is much more significant than the original injury that triggered keloid formation in the first place. For instance, almost all ear keloids are triggered by ear piercing, a procedure that causes a minor injury to the skin. Yet in keloid patients, such a minor injury can result in the formation of an ear keloid. Now, if we choose to remove such a keloid with surgery, the injury from surgery will be significantly greater than the injury from the original piercing. A larger injury will result in the formation of a larger keloid. This is the reason why most keloids will grow back larger after surgery, and critically, why we should avoid surgery for removal of early-stage and small keloids.

### **Aggressive Treatment of Early-Stage and Small Keloids:**

One of the most basic principles of medicine is that *treating any illness is easier when*

*the illness is detected at an early stage.* The same principle applies to treating keloids. On the one hand, it is only with aggressive and non-surgical treatments of early stage keloids that we might be able to gain control over this disease. If, on the other hand, the small lesions are not treated properly, they will grow in size and become considerably more difficult to treat. The battle with keloids may be totally lost if we miss the opportunity to properly treat small keloid lesions.

### **Proper Treatments:**

Currently, I only recommend the following methods for treatment of early-stage and small keloids.

1. Steroid injections
2. Cryotherapy
3. Pressure devices
4. Topical anti-inflammatory creams
5. Injecting anti-cancer chemotherapy drugs into the keloid lesions

I advise against surgery, radiation therapy and laser treatments because these treatments have the potential to make the keloids worse.

### **Duration of Treatment:**

Treatment of keloids is a process and will take time to achieve results. Unfortunately, there are no easy or quick solutions to this problem. It is also important to recognize, although we can treat keloid lesions, we cannot undo the underlying genetic abnormality that makes the keloids form on the skin.

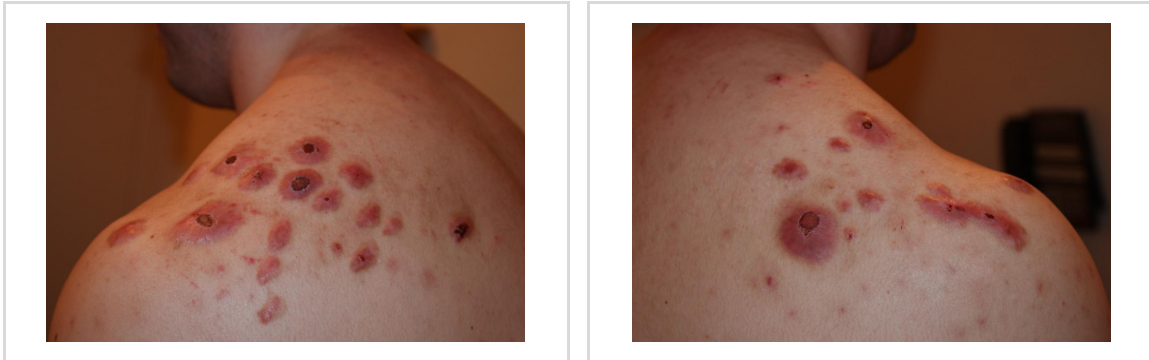
### **Treatment Strategy in Action - Case Study - Shoulder Keloids:**

After the chest, the shoulder area is the second most common area on the skin to develop keloids. Acne is the most common triggering factor for these keloids. The patient depicted below came to see me in November 2014. At that time, he was 30 years old and presented with numerous raised keloids on both his shoulders. He started developing keloids when he was 18–19 years of age. Over the next several years, he received several steroid injections. Two of his keloid lesions had also been removed surgically, but both had recurred and grown bigger than before surgery. The images below depict the appearance of both shoulders at his first visit with me.



This case was very challenging. I was dealing with a young man with numerous active and tumoral type keloids on both his shoulders. The most important fact that this patient accepted was that treating his condition would require patience and perseverance. He was committed to adhering to a treatment plan that included several rounds of cryotherapy and injections of various drugs into his keloids. This approach proved quite effective and led to gradual improvements.

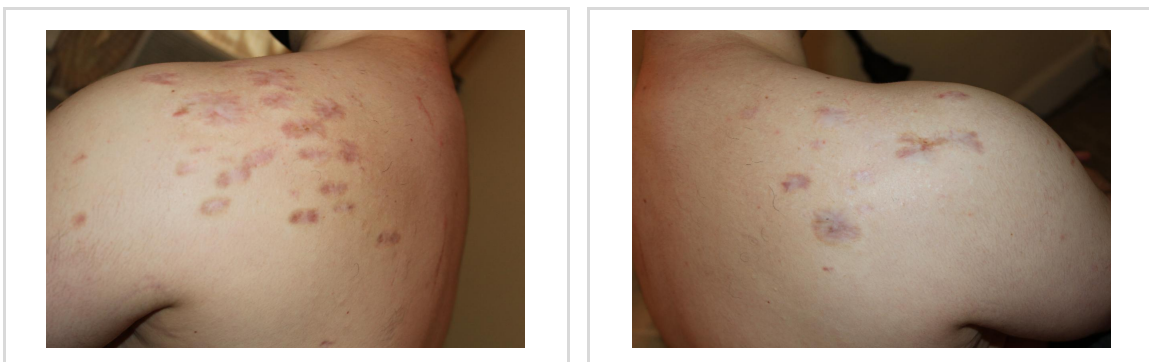
The images below depict the appearance of his shoulders seven months into treatment. As you can see, the keloids have somewhat come under control.



We continued to treat these lesions. And with each treatment, some improvement was seen. The breakthrough came within a few years. The images below depict the appearance of his shoulder keloids in 2019, five years into treatment.



As can be seen above, almost all keloid lesions were flattened and inactive. From this point on, we only treated the few remaining small and active lesions. The images below depict the appearance of this patient's shoulders in June 2020. During this visit, only one small area was injected with chemotherapy drugs.



This case exemplifies the importance of adherence to a proper treatment strategy. At first, this patient presented with an exceedingly difficult problem. All his previous

treatments had only made the situation worse. This patient was compliant with treatment, came to all his planned visits and received all recommended treatments.

### **Importance of Long-Term Treatment Plan**

The most fundamental step in treating keloid patients is to devise an individualized and comprehensive treatment plan that will cover the therapeutic approach over several years. Most failures in treating keloid patients stem from the lack of a treatment plan, but they can also fail when patients and/or the doctors seek a quick solution such as surgery which generally leads to failure.

To learn more about keloid treatment strategies, please visit

<https://www.keloid212.com>.

You can also email your questions directly to me at [DrTirgan@gmail.com](mailto:DrTirgan@gmail.com). I will post my responses to common questions in the next issue of *Keloid Insider*.

Prior issues of Keloid Insider, can be found at <https://www.keloidinsider.com>.

Also, those of you who have been using the R5/R6 product and did not have a chance to take the survey that I sent out a few weeks ago, please take a few minutes [to take this short survey](#). Your answers will help me to fine tune the utility of this product.

Be well,

Michael H Tirgan, MD

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