

Kenacort* in the Treatment of Ear Keloids

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KELOID is an unpredictable overgrowth of scar tissue which produces raised, welt-like scars and represents one of the plastic surgeon's most trying challenges. The treatment of keloids presents an intriguing problem, many approaches have been advocated: irradiation with X-Ray (Luikart 1963), simple surgical excision and surgical excision followed by superficial X-Ray therapy (Domonkos et al. 1961).

The use of steroids in the treatment of keloids has aroused considerable interest during the past few years. In 1951 Conway and Stark showed that adrenocorticotrophic hormone injected into keloids relieved symptoms of pain and itching but caused no apparent improvement in the appearance of the scar. In 1963 Murray reported the use of triamcinolone acetonide for the treatment of keloids. He showed significant improvement by injecting the drug into the wound margin after surgical excision of the keloid. In 1966 Griffith and Ketchum reported marked improvement in symptoms and appearance of keloids after intralesional injection of triamcinolone acetonide.

Clinical Material :

Since March 1969, 21 keloids of the ear in 14 patients were treated with Kenacort. All the patients were Indian.

Sex 12 were female and 2 were male

Age The age distribution is shown in table I.

Table I

Years	Number
0-10	0
11-20	8
21-30	6
31-40	0

Aetiology

The factors responsible for the keloids are shown in table II.

Table II

Piercing ear lobe	19
Scald	1
Burn (Flame)	1

Symptoms

Table III

Looked ugly	Itching	Spread	Pain
12	6	10	2

* KENACORT: Triamcinolone Acetonide Suspension 10mgm/ml. Marketed by Sarabhai Chemicals, Baroda.

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The majority of patients were concerned about the ugly lump on the ear and the itching associated with it.

Familial Incidence :

Only one out of the fourteen cases had a family history of keloids.

Duration :

The duration of lesions are shown in table IV.

Table IV

Year	Number
Less than 6 months	0
6 months — 1	0
1 year — 2 year	3
2 „ — 5 „	5
5 „ — 10 „	4
More than 10 „	2

Results of Treatment :

The results are summarized in table V.

Table V

	A	B	C
	Intralesional Kenacort	Excision Plus Kena- cort into wound at operation	Excision Plus Kena- cort into wound at operation and post operative
Keloids in 14 patients	6	4	11
Complete dissolution (flattening)	4	Excised	Excised

Results contd.	A	B	C
Partial disso- lution (softening)	2	—	—
Recurrence of Keloid	1	3	0
Follow up	6 months - 3 years	1 year - 1½ years	1 year to 1½ years

The Keloids were treated in three different ways. Six lesions were treated by intralesional Kenacort only. Four lesions were excised & Kenacort was injected into the wound at the time of primary suture or skin grafting. The remaining eleven lesions were treated by excision and primary suture and the resulting scar was injected with Kenacort starting two weeks after excision. The results are summarized in table V.

All results were studied by a combination of visual evaluation and pre and post injection photographs.

Dosage

A standard dose of 5 mgm. (0.5 ml.) was used for each lesion and the interval of injections ranged from two weeks to three weeks.

Points of Technique

At the start of this study the intralesional injection of Kenacort was done quite comfortably through a 25 gauge needle after block anaesthesia had been obtained with 1% Lignocaine. Considerable resistance to the introduction of the Steroid suspension was usually encountered at the first injection. However, each subsequent injection was much more easily accomplished since soft-

ning of the keloid had occurred in the interim. Lately we have resorted to the use of the Dermo-Jet. The technique is simple and is performed as an out-patient procedure. Several patients are usually treated simultaneously to prevent wastage of the solution. Only the plastic cuff on the end of the instrument needs sterilization between patients.

When excision was done the keloid was excised and the wound was sutured primarily in the majority of cases. A few lesions after excision were skin grafted. Kenacort was injected into the wound margins. Sutures were left in for 6-7 days. No problem was encountered with wound healing in any of these cases (Fig. 1-3).

Acknowledgement

We wish to thank Mr. G. Krishnaswamy for the photographs.

Discussion

Keloids of the ear respond favourably to excision and primary suture. It is advisable to inject the wound margins with Kenacort. Once the wound has healed a course of intralesional Kenacort injections at two weekly intervals resolves the remaining nodular keloid tissue within the ear lobe.

Very small keloids respond favourably to intralesional injections of Kenacort and excision is not required.

Summary

Results are reported in the treatment of 21 ear keloids with Kenacort. The results have established this drug as a useful adjunct in the treatment of these lesions.

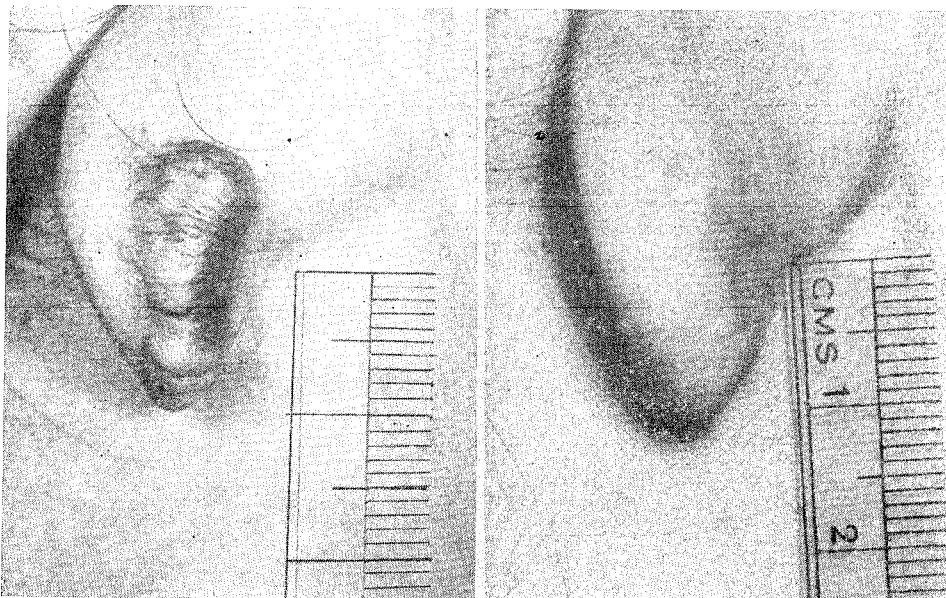


Fig. 1—Keloid treated with intralesional Kenacort—3 years follow up.

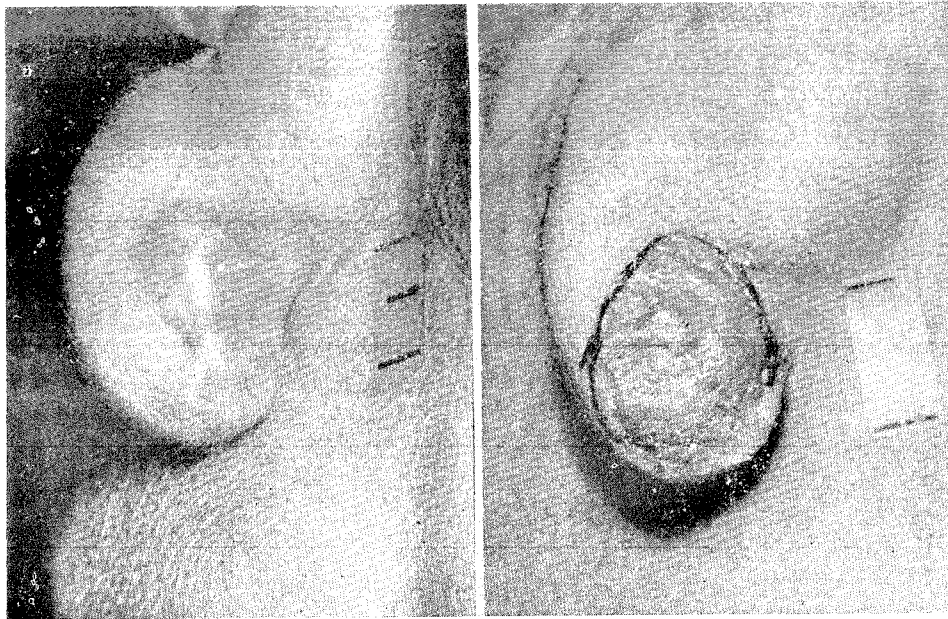


Fig. 2—Keloid treated with shaving of lesion and split skin graft.

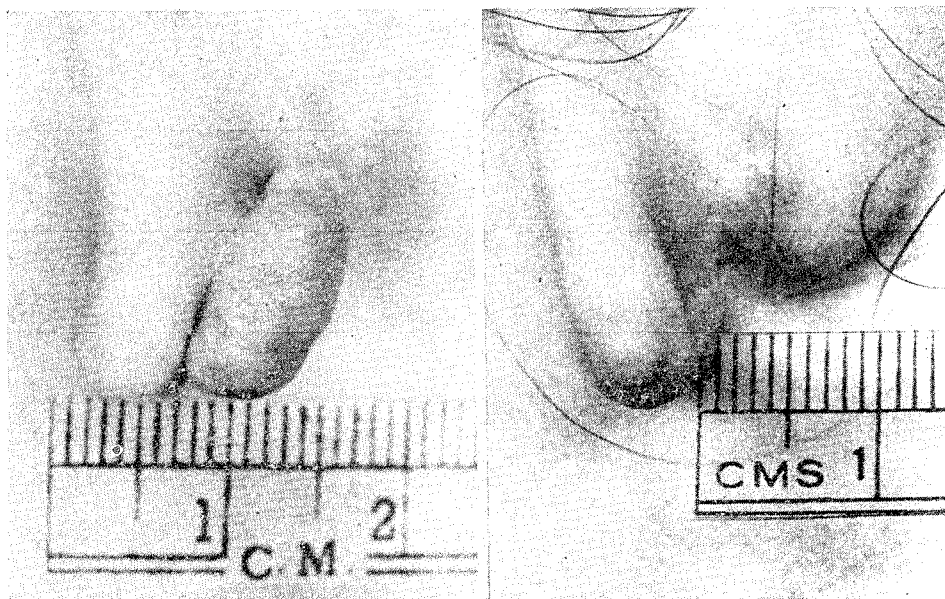


Fig. 3—Pedunculated keloid treated with excision and primary suture and post operative Kenacort therapy—1½ years follow up.

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This work was done in the Tata Department of Plastic Surgery, J. J. Group of Hospitals, Bombay, under grant from Sarabhai Chemicals, Baroda.