

Diagnosis and treatment of auricular keloids

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The pinna and earlobe are prone to keloid formation. This case-series studies examined the outcomes of all consecutive patients ($n=15$) with pinna or earlobe keloids who were treated by complete excision and primary closure followed by adjuvant radiotherapy in 2012–2017. All keloids developed from piercing sites. Only one case relapsed. Three cases exhibited erythema or hypertrophic scarring. In these cases, the symptoms were readily controlled with a local steroid injection or oral tranilast administration. In conclusion, earlobe and pinna keloids have relatively distinct margins. This is characteristic of hypertrophic scars rather than keloids. As a result, relative to the size of the original mass, excision generally leaves negligible damage. Furthermore, many cases can be cured with excision alone. In addition, the literature shows that, when surgery is combined with radiation therapy, satisfactory effects can be obtained with radiation doses that are lower than those needed for keloids on the trunk or extremities. Furthermore, it is rare for surgical scars to be the cause of earlobe and pinna keloids: most develop from piercing sites. These observations lead us to suspect that many cases of keloids of the pinna and earlobe are actually hypertrophic scars.