



KELOIDS

What are the aims of this leaflet?

This leaflet has been written to help people understand more about keloids. It explains what they are, what causes them, what can be done about them, and where more information can be found about them.

What are keloids?

When a wound heals, it leaves a scar. A keloid (also called a keloid scar) is the name given to a scar that overgrows and becomes larger than the original wound. It is not uncommon for a scar to become slightly thick and raised. This is called a hypertrophic scar. Unlike hypertrophic scars, keloids:

- Can develop after very minor skin damage, such as an acne spot, or sometimes without any obvious trauma to the skin (spontaneous keloids).
- Spread beyond the original area of skin damage.
- May be permanent.

What causes keloids?

This is not fully understood, but keloids happen when there is over production of collagen (the skin's structural protein). Most people's skin scars normally, and only a minority of people develop keloids. Keloids are not contagious. There are some risk factors that increase the likelihood of a person developing keloids.

Keloid scars;

- can affect anyone, but they are more common in people with dark skin (especially those of African, Hispanic or Chinese descent)

- are more common after skin injury on the upper chest, breastbone (sternum), shoulders, chin, neck, lower legs and earlobes (especially after ear piercing)
- are most likely to form following burns, acne scars and wounds that become infected or are under tension whilst healing
- may develop from surgical scars
- are more likely to affect people who have previously had a keloid if their skin is damaged again
- most commonly arise between puberty and 30 years of age
- may appear or enlarge during pregnancy

Are keloids hereditary?

Not usually, but the tendency to develop keloids can run in families. Studies have shown that 5-10% of Europeans with keloids have a positive family history (i.e. at least one other member of their family has keloids).

What are the symptoms of a keloid?

While keloids are growing, they may feel itchy, prickly and/or sore. Once they have stopped growing there is usually no discomfort. If they are located over or near a joint, they can restrict movement.

What does a keloid look like?

Keloids are enlarged, raised scars and can be pink, red, skin-coloured or darker than surrounding skin. They usually feel firm and smooth. They are shiny and hairless. A keloid can appear within 3-4 weeks of a skin wound but can take a year or longer to appear. It may continue to grow for months or years, enlarging beyond the edges of the original skin damage. Multiple keloids may develop, especially after acne or chickenpox, although most people only have one or two.

How will be diagnosed?

The doctor will usually make the diagnosis of a keloid just by looking at the skin so no tests are needed. If the diagnosis is uncertain, a skin biopsy (a procedure in which a sample of skin tissue from one of the patches is removed under local anaesthetic, processed, and examined under a microscope) can be taken under local anaesthetic.

Can a keloid be removed?

Surgically removing/ excising or “cutting out” a keloid is rarely a success as this causes a larger wound and the keloids is likely to regrow in it. If it is excised the risk of regrowth may be reduced by compression dressings or steroid injections following the procedure (see below).

How can a keloid be treated?

Unfortunately, there is no cure for keloids. Treatment can sometimes help to flatten them and reduce irritation. There is currently no evidence that any single form of treatment is better than another and keloids often regrow in the same place. Treatment options include:

- Injection of a steroid into the keloids i.e. intralesional injection. This is the most common treatment. Injections can be repeated e.g. monthly for 4-6 months. Steroids can make the skin thin, fragile and pale. Up to 50% of keloids grow back.
- Applying a strong steroid cream or steroid-containing tape. These require a prescription.
- Silicone dressings or gel are safe and can be bought from a pharmacist without prescription. If used for several months they can reducing the thickness and make the keloid paler.
- Compression with bandages or devices (such as clips or splints) may sometimes help, particularly on the earlobe and for lesions on the torso.
- Radiotherapy can be given after surgical removal of keloid scars. However, it carries a small risk of causing skin cancer as a result of exposure to radiation, so is rarely used.
- [Cryotherapy](#) can be tried alone or in combination with other treatment methods. It can cause loss of skin pigment
- Laser therapy can help, especially if combined with injected steroids.
- Other experimental treatments include, injections of the anti-cancer drugs 5-fluorouracil (5-FU) or bleomycin. These are not routinely available.

What can I do?

People with risk factors (outlined above) for getting keloids are advised to avoid skin trauma such as tattooing, body piercing and unnecessary surgical procedures / cosmetic skin surgery, particularly on high-risk areas such as the chest or earlobes. In the case of acne, prompt and effective medical therapy is important to limit the risk of scarring.

Where can I get more information?

Web links to further information:

<https://patient.info/health/keloid-leaflet>

<https://www.dermnetz.org/topics/keloids-and-hypertrophic-scars>

For details of source materials used please contact the Clinical Standards Unit (clinicalstandards@bad.org.uk).

This leaflet aims to provide accurate information about the subject and is a consensus of the views held by representatives of the British Association of Dermatologists: individual patient circumstances may differ, which might alter both the advice and course of therapy given to you by your doctor.

This leaflet has been assessed for readability by the British Association of Dermatologists' Patient Information Lay Review Panel

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