

Treatment of a massive keloid on posterior auricular area and ear after correction of microtia

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A 14-year-old male patient without any underlying disease or family history visited the outpatient clinic presenting with keloids on the right ear and the adjacent temporoparietal area of the scalp. The patient had undergone a two-stage ear reconstruction using autogenous costal cartilage for surgical correction of the microtia 3 years ago. In the first stage, lobule transposition and implantation of the framework were performed. The auricle was elevated in the second stage and covered with a temporoparietal fascia flap and skin graft. One year after the second operation, a 12×7 cm keloid was noted on the right ear helix area along the incision line, and an 8×1 cm keloid was noted on the right temporoparietal area of the scalp (Fig. A). There had not been any specific event after the second operation, and no evidence of keloid had been noted on the donor site of the chest wall. Under general anesthesia, surgical excision of the keloids including removal of the deformed previously inserted costal cartilage were performed. The remaining skin flap was used to restore the ears. A 5×12 cm-sized defect of the posterior auricular area and triangular fossa were covered with a split-thickness skin graft from the left anterior thigh. For the temporoparietal area, a primary repair was performed after excision (Fig. B). The excised lesion was sent for histopathological

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examination, which was compatible with the diagnosis of keloid (Fig. C). After surgical excision, there was no evidence of recurrence after 6 months of follow-up (Fig. D).

NOTES

Conflict of interest

No potential conflict of interest relevant to this article was reported.



Ethical approval

The study was approved by the Institutional Review Board of Gangnam Severance Hospital (IRB No. 2022-0497-001).

Patient consent

The patient provided written informed consent for the publication and the use of his images.

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