e-learning session:
01_02_03_02

NHS England

# Hypertrophic and keloid scars summary

## Hypertrophic scars

Appear as raised, red areas.

They are confined within the margins of the original wound.

Their natural history is to soften and flatten spontaneously with time.

## Keloid scars

Extend beyond the original injury

They tend to be progressive and do not improve with time.

Common in Afro-Caribbean and Asian people. Common sites include: sternum, earlobes and shoulders.

**These pathological scars are characterised by increased vascularity, greater density of connective tissue, inflammatory infiltrate and thickened epidermis.**

## Corticosteroid injection

Intralesional or intradermal e.g. triamcinolone.

SEs: depigmentation, telangiectasia and skin atrophy.

## Laser therapy

Rapidly becoming the mainstay for the management of pathological scars.

## Microporous tape and pressure dressings

Tape: help prevent pathological scarring by distributing tension more evenly.

Pressure dressing, garment or device: alone or combined with silicone.

Mixed evidence.

## Silicone gel

Particularly when more painful treatment modalities (e.g. steroid injections) cannot be tolerated, such as in children. Worn at least 12h/day for 3 months for effect.

## Surgery

Pathological scars from poor wound environments (e.g. dehiscence or infection) may be good candidates. High risk of recurrence. +/- post adjuvant treatment (e.g. radiotherapy, pressure therapy).

## Radiotherapy

Best when combined with surgery.

Risks: wound break down and delayed carcinogenesis - therefore usually reserved for refractory keloids and rarely used.

BAPRAS
British Association of Plastic Reconstructive and Aesthetic Surgeons

**Further information and training on plastic, reconstructive and aesthetic surgery is available through the e-LPRAS programme**