

# 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.

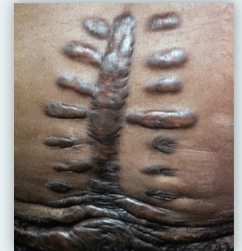


## Keloid scars

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.