

## Dermato-venereological Quiz

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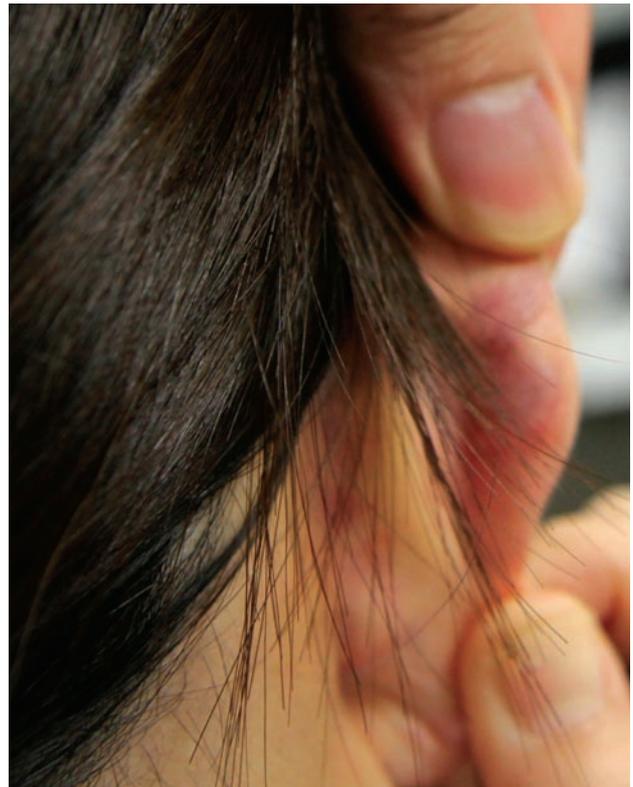
A 24-year-old lady attended the clinic for painful lumps over her ear for nine months (Figures 1 & 2). They were progressively increasing in size. Ear piercing procedure was done in a local beauty shop few weeks before the onset of symptoms. Steroid injection and silicone gel were given by her physician without obvious clinical improvement.

### Questions

- 1) What is your diagnosis?
- 2) What is the cause for this condition?
- 3) Which areas of the body are prone to this condition?
- 4) What are the treatment options?



**Figure 1.** Painful lump over ear (lateral view).



**Figure 2.** Painful lump over ear (posterior view).

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(Answers on page 49)

## **Answers to Dermato-venereological Quiz on page 40**

1. The diagnosis is keloid. It was differentiated from hypertrophic scar by the clinical morphology, extension beyond the site of injury and the progressive nature.
2. They often occur after local skin trauma (e.g. laceration, tattoo, burn, injection, ear piercing, vaccination, or surgery) or inflammatory skin disorders (e.g. acne, bites, or infections). There is predisposition to keloids in darker skin and in people with family history.
3. There is a predilection for keloids to develop at sites of increased tension, such as the shoulders, sternum, mandible, and arms. Keloids also commonly affect the earlobes.
4. Treatment options include topical steroid, topical silicone gel, pressure garment, intralesional steroid injection, intralesional 5-fluorouracil, intralesional bleomycin, cryosurgery and surgical excision. Recurrence is common despite various treatment modalities. Surgical excision was performed for this lady. Incision was performed along the helical rim at the edge of keloid. The keloid mass was enucleated. The overlying skin was preserved with a pedicle and was trimmed into appropriate size for wound closure. Care should be taken to avoid perforation of the ear cartilage and skin flap during enucleation. Post-operative compression clip was applied and steroid injection was given twice postoperatively. There was no recurrence of keloid up to 9 months post-operatively.

### **Reference**

1. Wolfram D, Tzankov A, Püzl P, Piza-Katzer H. Hypertrophic scars and keloids—a review of their pathophysiology, risk factors, and therapeutic management. *Dermatol Surg* 2009;35:171-81.