

Auricular keloid secondary to ear piercing

Sir,

Keloids are abnormal wound reactions, which develop from connective tissue as a result of skin trauma such as inflammation, burns, piercing or surgery in predisposed individuals. Keloids tend to be pruritic; raised and erythematous nodules that extend beyond the confines of the original wound and have a propensity to recur after excision.^[1] Ear piercing is a long standing tradition in many religions. A fraction of those who pierce the ear develop infections, allergies to the inserted materials.^[2] Keloids result from the deposition of dense collagen bundles because of increased fibroblast activity.^[3] We report a case of keloid of the auricular rim in a 29-year-old female patient, which was surgically treated.

A 29-old-female patient presented with a chief complaint of swelling on the right ear from past 9 months. At 3-4 month after piercing, the swelling followed ear piercing along the rim. On examination, the swelling was about 1.5 cm in diameter with a hole along the ear rim visible, non-tender and firm in consistency [Figure 1]. Clinical diagnosis of ear rim keloid was made and surgical excision was performed under local anesthesia followed by post-operative intralesional steroid injection using 10% triamcinolone acetonide crystal suspension was used in combination with lidocaine [Figure 2]. Histopathology of the excised tissue confirmed the clinical diagnosis of keloid [Figure 3]. Patient follow-up was carried out for 6-month and there was no recurrence.

Keloids are common in Black, Hispanic and Asian populations with incidence of 4.5 up to 16%. Other suggested predisposing factors are hormone imbalances as well as pregnancy.^[3] A history of ear piercing is found in most cases of earlobe keloids, but infection due to a nickel allergy can also be responsible. The period from trauma or rather ear piercing, until the appearance of keloid formation can vary from a few months to several years.^[3,4] Keloids are still a therapeutic challenge and the optimal treatment remains undefined with a wide variety of techniques characterizing the management of keloids.^[4,5] Besides surgical treatment, many other non-surgical therapeutic procedures such as steroid injection, radiation therapy, silicone-gel sheeting and pressure or intralesional application of different drugs are implemented or adapted based on the particular localization.^[6] Individual decision should be made based on the condition to go for surgical treatment alone or with other combination modalities. Consistent aftercare and good patient compliance is also mandatory to avoid recurrence after surgery.



Figure 1: Clinical photograph showing swelling over the auricular rim



Figure 2: Excised specimen along with margins of the surrounding skin

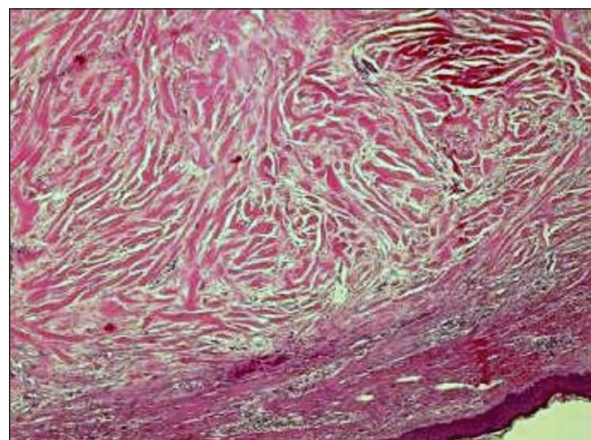


Figure 3: Histopathological picture of keloid

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