

there is no clear criteria for classification by size, classification into groups of 2 mm, 2-4 mm, and above 4 mm, or 3 mm, 3-6 mm, and above 6 mm is common. 2 mm and 3 mm have been found to be common sizes from these studies [1]. There is no absolute size of tori that indicates surgery, but the associated symptoms of growing tori can be an indication. The possible complications after surgery include hematoma, edema, wound dehiscence, and infection [1]. Our patient also had a thinned mucosal layer, so it was excorticated with care before closure, but wound dehiscence was observed after 6 days, so wound revision was conducted. After the revisional operation, the wound healed with no more problems (Fig. 3). This must be considered before planning surgery, and it is important to minimize morbidity on the lesion.

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Earrings Embedded within Earlobe Keloids

Ji Hae Park¹, Tae Hwan Park^{2,3}, Choong Hyun Chang¹

¹Department of Plastic and Reconstructive Surgery, Kangbuk Samsung Hospital, Sungkyunkwan University School of Medicine, Seoul, Korea; ²Keloid Research Foundation, New York, USA; ³Deokjeok Health Care Center, Incheon, Korea

Correspondence: Choong Hyun Chang

Department of Plastic and Reconstructive Surgery, Kangbuk Samsung Hospital, Sungkyunkwan University School of Medicine, 29 Saemunan-ro, Jongno-gu, Seoul 110-746, Korea

Tel: +82-2-2001-2178, Fax: +82-2- 2001-2177, E-mail: epeen@hanmail.net

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Keloids are a proliferative ailment of fibrous tissue secondary to dysregulation in various wound healing processes [1]. The diverse phenotypes and multitude of factors that trigger keloid formation have led us to propose “keloid disorder (KD)” as the identifying name for this condition and the term “keloid” to be reserved for referring to each individual skin lesion that patients have. Although benign, KD can cause aesthetic and functional problems, all of which pose a



Fig. 1.

A right earlobe keloid; sessile-type single nodular pattern based on Chang-Park classification (type II).



Fig. 2. A left earlobe keloid; sessile-type single nodular pattern based on Chang-Park classification (type II).

significant negative impact on the individual's quality of life. The earlobes are frequently involved sites for keloid formation following ear piercing, with an incidence of 2.5% [2]. Earlobe keloids are a cosmetic disfigurement that are challenging to treat with a relatively high recurrence rate. The increasing trend toward cosmetic piercing and multiple ear piercing suggests that treating ear keloids will become a more frequent part of plastic surgery practice. Diverse treatment modalities have been introduced with varying degrees of success. Various studies have estimated the onset of the disorder to be between 10 and 30 years of age [3].

We have been faced with several earlobe keloids with earrings embedded within them. A representative case is presented in Figs. 1-3. Without exception, the cases in the series can be classified as having a sessile-type single nodular pattern based on our novel classification (Chang-Park classification) [4]. We completely excised the keloidal tissue, adopting full thickness wedge excision, which is considered to be the optimal treatment in this morphologic type. The wounds were closed with the appropriate approximation using nylon 5-0 continuous sutures. A compressive wound dressing using hydrocolloid materials and magnets was applied [5]. Following appropriate wound man-



Fig. 3. Earrings embedded within the earlobe keloids.

agement, the patients were instructed to use the magnets for 12 hours per day for 6 months until the therapy was completed. The purpose of this report is to remind the reader that earrings may be embedded in earlobe keloids. Clinicians should keep this possibility in mind when faced with earlobe keloids.

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