A2. Novel Surgical Methods for Keloids and Hypertrophic Scars

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BACKGROUND: Keloids and Hypertrophic scars often present difficulties in treatment. In our department, they have been treated with multimodal therapy, including postoperative electron-beam irradiation, for the patients that conservative therapy was not effective, since 1988.

PURPOSE: In this time, we would like to offer our new methods of keloidectomy and suture for consideration. These methods are “small wave incision” and skin closure using buried dermal running suture and tissue adhesive (Dermabond®). The small wave incision consists of a lot of small waves about 1cm.

METHODS: The methods were mainly used for long keloids on the suprapubic region. In surgical treatment of long keloids over 10cm, “small wave incision” was performed to reduce the tension for avoidance of recurrence. This incision was designed with minimal normal skin margin. The wound that was incised with small wave, becomes a fluent wave shape almost like a straight line after suture. In addition to this “small wave incision”, we have tried skin closure using buried dermal running suture and Dermabond®. After subcutaneous suture (3/0 Vicryl®) and dermal suture (5/0 PDS II®), we used Dermabond® for epidermal closure. On this occasion, to avoid that adhesive percolate the wound, running suture with 5/0 or 6/0 Nylon in the dermis above the normal dermal suture has been tried.

RESULTS: In the methods of “small wave incision”, the shape leaves “accordion effect” but makes an inconspicuous linear scar. The avoidance of recurrence was very good, and we want to increase the cases and evaluate the accurate therapeutic outcomes in future.

CONCLUSION: We make no claim to w-plasty. But in the cases of suprapubic long keloid, we think our “small wave incision” is suitable. And we have not seen this method published before, and offer it for those who may wish to try it.