

New method for the treatment of keloid of the ear

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After long periods of managing treatment of a few sort of ear keloid either keloid of the ear lobule or the keloid of ear ligament, we never reach to fulfilled outcome either for us or for the patients. At long last, we tracked down another extreme technique for the treatment of ear keloid either in cartilaginous site or in ear lobule which end the issue conclusively and give us and patient complete fulfillment. Ten patients (nine females and one male) experiencing ear keloid were remembered for the investigation. Six of them were ear lobule keloid and the other four was the diverse area of ear ligament the size was about. 3 cm to 1 cm adjusted fit, the pedicle was about 0.4 to 0.7 cm or some time there was no characterized pedicle by any means. So we began setting the ligation similarly as close as conceivable to the foundation of the keloid. Ligation utilized was nylon 1/0 under nearby sedation of xylocaic 1% invasion of the foundation of the sore done. Following 5 minutes, ligation of the foundation of the injury, we unequivocally tied the nylon 1/0 at the foundation of the sore with enough power to impede the blood supply as conceivable as possible. Little dressing was finished with sterile cloth and cement blaster for 24 hours. After this patients were sent home with an arrangement for follow-up following one-week. Ear keloids are among the most difficult plastic medical procedure conditions and may have critical psychosocial sway for the patient. Their tasteful contemplations are not kidding and regardless of an assortment of treatment alternatives, they regularly end up being intermittent. This paper surveys the administration alternatives of ear keloids accessible in writing forward-thinking. Numerous remedial alternatives are examined, for example, careful treatment, corticosteroid infusions, laser treatment, cryotherapy, radiotherapy, pressure treatment, treatment with antitumor or immunosuppressive specialists. The regular reaction of the body to a damaged tissue is the scar. The injury recuperating measure has three distinct stages: the first is the provocative stage, the second - the proliferative stage or the granulation stage and the third is the redesigning stage or the development stage. When there is an irregularity among anabolic and catabolic periods of the scar development, the outcome is the presence of a pathologic scar. Two kinds of extreme scars are portrayed: hypertrophic scar and keloid, because of a distorted recuperating measure. The distinction between the two substances is an interesting issue in the clinical writing. Clinical, histopathological, immunohistochemical and electron infinitesimal contrasts have been depicted. Keloids are obsessive scars that develop over the long haul and reach out past the underlying site of injury after impeding injury mending. These scars oftentimes repeat and once in a while relapse. They are tastefully deforming, can cause torment, tingling, distress just as mental pressure, regularly influencing personal satisfaction. Numerous treatment modalities, including careful and non-careful, have been investigated and have been accounted for to be gainful; in any case, none have been totally agreeable or ideal for the

treatment of all keloid subtypes to date. This represents a significant test to clinicians. Regularly, a combinational restorative methodology seems to offer the best outcomes with higher patient fulfillment contrasted with monotherapy. The aetiopathogenesis of keloids isn't completely explained; nonetheless, with late advances in atomic science and hereditary qualities, understanding is being acquired on the intricate interaction of scar development and henceforth new restorative and the executives choices for keloids. In this paper, we investigate the writing and sum up the overall ideas encompassing keloid advancement and survey both current (corticosteroids, careful extraction, silicone-based items, pressure treatment, radiotherapy, cryotherapy, laser treatment, imiquimod and 5-fluorouracil) and arising (immature microorganism treatment, mitomycin C, verapamil, interferons, bleomycin, botulinum poison type An and angiotensin-changing over compound inhibitors) medicines. Expanded information and comprehension in this space may conceivably prompt the disclosure and improvement of novel remedial choices that are more adequate for all keloid types. Keloids and hypertrophic scars are fibroproliferative problems of the skin. Exploration in the course of the most recent decade has notably improved our comprehension of the pathogenesis of these scars, specifically, the way that the two problems are brought about by delayed aggravation that forestalls the precise recuperating of harmed or bothered skin. This extended fiery reaction is expected to hereditary, fundamental, and neighborhood hazard factors. Hereditary variables incorporate single nucleotide polymorphisms, while fundamental elements incorporate hypertension, pregnancy-related and different chemicals, and distorted cytokine levels. A significant nearby factor is the mechanical power (pressure) on the scar. These perceptions have incredibly supported the improvement of treatments for these once-obstinate scars. Accordingly, these scars are presently viewed as being totally treatable. As of now, we accept that the accompanying mix of three treatments most dependably accomplishes a total fix: medical procedure followed by radiation and the delayed every day utilization of corticosteroid tape/mortar. While keloids and hypertrophic scars have some tumor-like properties, they are really incendiary conditions that drive the extreme expansion of dermal fibroblasts and the atypical gathering of dermal framework. These fibroproliferative problems of the skin are brought about by unusual mending of harmed or disturbed skin. Normal reasons for injury and bothering are injury, consume, medical procedure, inoculation, skin penetrating, skin inflammation, and herpes zoster. The danger of creating keloids and hypertrophic scars is especially high if the injury is sufficiently profound to harm the reticular layer of the dermis and if different hereditary, fundamental, or potentially neighborhood hazard factors that delay the fiery phase of wound mending are available. The extended irritation speeds up angiogenesis and prompts the unnecessary aggregation of collagen. Therefore, red and raised scars that have an unappealing appearance emerge. These scars likewise partner with discontinuous torment, tireless tingling, and a vibe of compression. Also, if the injuries are situated on the joints or versatile districts, including the neck, the subsequent scars can form into scar contractures. Hence, the essential end-points of medicines for keloids and hypertrophic scars ought to be utilitarian improvement and alleviation from torment and tingle.

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