

That's Not a Chip On Her Shoulder

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A 20-year-old Asian female presents with raised, indurated papules and plaques over her bilateral scapulae (Figure 1). These papules are asymptomatic, although they are cosmetically very bothersome. On history, the patient reports she had very severe acne prior to using isotretinoin. The patient is otherwise healthy.

What's your diagnosis?

Keloids following moderate-severe acne: Keloids are a dermal, hyperproliferative variation of normal wound healing. They occur most commonly during the healing of a deep skin wound. Keloids form within a year of the inciting injury, and, by definition, enlarge well beyond the original scar margin. Keloids most frequently involve the:

- anterior chest,
- shoulders,
- upper back, and
- anterior neck.

Along with cosmetic disfigurement or unsightliness, keloids can be painful or pruritic as well.



Figure 1. Keloids on the shoulder.

Is there a treatment?

Keloid scars are best prevented since there is no ideal treatment. Silicone gel sheets and occlusive dressings have been used with mild success in the treatment of keloids. Compression dressings (especially earlobe pressure earrings) are variably effective.

The most common pharmacologic treatment is an intralesional steroid. Depending on the size, elevation, and firmness of the keloid, various concentrations (10 mg/mL to 40 mg/mL) of triamcinolone acetonide are injected every four to six weeks with a 25- to 27-gauge needle. This process is repeated until the scar flattens and

discomfort is controlled. Surgical excision combined with steroid injection can improve the therapeutic response. Injection into the scar at six-week intervals should be carried out for a total of six months. Newer agents, such as imiquimod, are being investigated and show promising results.

For optimal results, excisional therapy should be followed by either intrascar cortisone injections, imiquimod, radiation, and/or pressure therapy.

Repeated monthly, cryotherapy using liquid nitrogen for 10 to 30 seconds (one to three freeze cycles) has proven to be beneficial; even better results can be attained with combined intralesional steroids. Intralesional 5-fluorouracil and intralesional bleomycin have both



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shown benefit, as has topical retinoic acid. Various lasers have been used with quite variable results. Lasers should be left to those with experience using them on keloids.

New treatments currently being studied include intralesional injection of interferon alpha, beta, and gamma. CME

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- Information:** **Rajesh Mangrulkar**, MD, University of Michigan, Ann Arbor, Michigan, "On targeting and structuring information resource use - a path towards informed clinical decisions."
- Education:** **Karen Mann**, PhD, Dalhousie University, Halifax, Nova Scotia, "The role of educational theory in CME - has it helped us?"
- Implementation:** **Jeremy Grimshaw**, MB, ChB, PhD, University of Ottawa, Ontario, "Changing physician behaviour in the real world: lessons from guideline implementation."
- Regulation:** **Donald E. Melnick**, MD, President, National Board of Medical Examiners, Pennsylvania, will speak on "Physician performance assessment in the next few years and how it will affect CME."
- Environment:** **Mark Smith**, MD, MBA, President and CEO of the California Health Care Foundation, Sacramento, California, will be speaking on "The future of health care; the future of CME."

Who Should Attend? The relevant and multifaceted nature of the Congress themes will appeal to a broad range of individuals from the United States, Canada, and internationally, including CME planners, health services researchers, policy-makers, leaders in organized medicine, physicians and other health care professionals, quality improvement professionals, and health educators.

How Do I register? The CME Congress 2004 website <http://www.cmecongress.org> provides more detailed information about the program, speakers, submission of poster presentations, registration, accreditation, sponsors, etc. The final program will be available by February 1st 2004. Please refer to this site or contact the organizers at:

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