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THE TREATMENT OF KELOID SCARS OF AURICLES

ABSTRACT

Nowadays despite of broad studying, the problem of treatment of the keloid scars is not solved. In this regard continuous search of the methods and means increasing efficiency of treatment is carried out. Our work presents treatment results of the keloid scars appeared after the trauma and operations of auricles where dynamic care has been made within 2-5 years. Thus authors offered the complex program of therapy of the keloid scars taking into account the sizes and duration of their existence with an individual approach for each case. Preoperative local medication preparation of abnormal site growth of cicatricial tissue in the auricles and anti-relapsing treatment in the postoperative period was carried out for this purpose. Preoperative preparation includes infiltration of 2,0-4,0 ml of 0,5% lidocaine in tissues around the keloid and through one puncture injection by a syringe of 10-40 mg/ml of «Kenalog» (Diprospan) where the preparation dose always depended on the size of the keloid scar. If noticeable regress of the keloid (scar has decreased in sizes, color and scar consistence has changed, the itch, etc. has stopped) after injection of the preparation was noted, procedure was repeated in 3–4 weeks. The quantity of injections reached 5 times depending on efficiency of influence of these medications. The following stage when the keloid didn't decrease any more after the corticosteroids influence – surgical excision of scar was planned. In the postoperative period, since 10th day (the end of wound epithelialization) the anti-relapsing treatment has been continued including 10-15 times of phonophoresis in the postoperative scar area with the use of Contractubex ointment or 3000 ME gel of « Longidaza». Such tactics of treating patients with pathogenetic reasonable methods of treatment had positive effect on quality of complex therapy and increased efficiency. Thus important value had a time factor which testifies that it was more successful to begin treatment of young keloids earlier. Patients after treatment of auricle keloid remained happy with the results of treatment that in the clinical plan was characterized by lack of its recurrence and favorable esthetic type of the scar. These recommendations and assessment of efficiency of complex treatment and anti-relapsing actions of the keloid scars of auricles can be applied in medicine as alternative methods of patients' treatment.

Keywords: keloid scar, auricle, complex treatment.

INTRODUCTION

The keloid scar represents the excess, dense growth of connecting tissue of skin reminding a tumor [3]. The cause of the keloid scars in the auricle area is not definitely specified today. They arise after surgical operations, burns and wounds repairing, piercing lobes of ears, etc. [1, 4, 5]. Quite often they develop due to general and local immunity decrease [8]. The keloid depending on degree of vascularization has bright pink, pale, cyanotic or red color, elastic consistence, rough and slightly wrinkled surface. Its feature is the continuous pulsing growth, quite often goes beyond the wound, doesn't regress spontaneously and may be recurring after resection. Appearance of keloids has a great influence on esthetic assessment of operation results, becomes frequent cause of psycho-emotional discomfort, development of psychosocial disadaptation and quality of life loss of the patient.

Nowadays there are no ideal methods of treatment of keloids that is caused by features of anatomic shape of auricles, difficult blood circulatory system, close arrangement of nerves, etc. [2]. Moreover, there is no accurate concept of prevention and treatment of the keloid scars of the face and neck, indications and contraindications to conservative therapy and also terms of surgical intervention aren't defined. [3, 7, 8]. All mentioned before defines the relevance of this problem. In this regard our research aim was the development and assessment of efficiency of the complex program of treatment of the keloid scars of auricles.

MATERIALS AND METHODS

There were 16 patients with keloid scars of the auricle area which arose after the trauma (4 people), cosmetic operations (5 people), and a puncture of lobes of ears for earrings (7 people). Duration of their existence fluctuated from 9 months to 2 years. The size of keloids varied from 0.9 to 2.5 cm. They were painless, cyanotic or brown-red color, elastic consistence, with rough and slightly wrinkled surface. Patients noted their continuous pulsing growth without regression signs. Recurrence has been noted in 11 patients after keloplasty.

On the basis of the literature data analysis and our control we offered the complex program of treatment of the keloid scars. At the beginning, irrespective of the term of keloid formation, tissue around was infiltrated with 2,0-4,0 ml of 0,5% lidocaine and one puncture 10–40 mg/ml Kenalog was injected (Diprospana). The preparation dose depended on the size of keloid scar. If after preparation injection we noted noticeable regress of the keloid (scar has decreased in sizes, color and consistence of scar has changed, the itch, etc. has stopped) procedure was repeated in 3–4 weeks. Depending on efficiency of influence of these preparations the quantity of injections reached 5 times. At the following stage when under the influence of corticosteroids the keloid didn't decrease any more – surgical dissection of the scar was planned. However before operation there were some events to prevent further development of recurrence of the keloid. The patient was appointed a course of treatment by Thymalinum 10 mg 10 days and 10 sessions of electrophoresis of 5000 U of heparin in 10-15 days before surgical operation. The surgical stage consisted of radical keloplasty, and the formed defect of the auricle was closed by local tissues plastic. In the postoperative period, since 10th day (end of wound epitelization) anti-relapsing treatment was continued. In the area of postoperative scar 10-15 sessions of phonophoresis with Contractubex ointment or 3000 ME Longidaza gel were carried out. Besides, immunotherapy course with Thymalinum was repeated. The diagnosis "Keloid scar of the auricle" in all cases was confirmed with morphological researches.

The lack of recurrence and favorable esthetic type of the scar testified about efficiency of the carried complex treatment of the auricle keloid. The remote supervision carried out within 2-5 years.

RESULTS

Keloplasty has recurrence in 45–100% cases. The obtained data testified that "young" keloids (existence period till 12 months) in 7 patients had almost completely the return development under the influence of corticosteroids and physiotherapeutic actions. They formed soft, painless, whitish and little sinking down scar on the place of keloid. In these cases there were no indications to surgical treatment.

The regress of "old" keloids reached 60-75% in other patients under the influence of corticosteroids and immunotherapy. They became considerably less, softer consistence, but color didn't significantly change. No recurrence of the keloid was observed after preoperative

preparation, excision and postoperative therapy, and the postoperative scar was conformed to cosmetic requirements.

We'll present a case report.

Patient B., 16 years, consulted to the clinic of Chita State Academy of Medicine in December, 2014 concerning the psycho-emotional discomfort caused by a big keloid scar in the upper part of the right auricle. Anamnesis has established that the diagnosis "Congenital deformation of the right auricle (the sticking-out ears)" was 11 months ago in Ulan-Ude and cosmetic corrective operation has been performed. The postoperative period was complicated by inflammatory process, and healing of the wound finished with formation of the keloid scar. The objective research has noted painless cyanotic-brown color, dense consistence, 2.5x2.0 cm in size in the area of the upper part of right helix. Under its weight the upper part of right auricle was sunken and deformed. Diagnosis was "Keloid scar of the right auricle".

20 mg of Kenalog was injected in the keloid to the patient under infiltration anesthesia of 2.0 ml of 2% of Lidocaine solution. In 3 weeks the patient had partial softening of scar. The drug was injected 4 times with interval of 3-4 weeks (last injection was in May, 2015). As a result of the carried-out treatment the keloid became soft and elastic consistence and decreased in sizes (2.0 x 1.0 cm). As there was no regress of formation, the patient was carried out preoperative preparation with the subsequent excision of keloid scar. After its removal in the upper part of the auricle defect of soft tissues of 2.7 x 1.5 cm which was eliminated with local tissues according to Shymanovsky's plastic was formed. The postoperative period proceeded without complications. After removal of sutures, the patient was administered 10 sessions of phonophoresis with Contractubex ointment. Thin, soft whitish scar of 3 cm long is visible on the right auricle in 9 months after the carried-out complex treatment, the auricle form was reconstructed completely, and the patient has been satisfied with esthetic result.

CONCLUSION

The obtained data testified that therapy of the keloid scars, with a variety of methods of treatment, demanded an integrated and at the same time individual approach taking into account the sizes and duration of their existence. Moreover, the presented results showed that the most effective is the integrated approach consisting of pathogenetic reasonable methods of therapy and also once again confirmed opinion that the earlier treatment of young keloids was more successful.

REFERENCES

1. Anikin Ju.V. Kikorija N.G. Profilaktika i lechenie posleozhogovyh i posleoperacionnyh rubcov [Prevention and treatment of postburn and postoperative scars] Annaly plasticheskoj, rekonstruktivnoj i jesteticheskoj hirurgii [Annals of plastic, reconstructive and esthetic surgery]. 2004, №4, p. 35-36.

2. Bezrukov V.M. Robustova T.G. Rukovodstvo po hirurgicheskoj stomatologii i cheljustno-licevoj hirurgii [Guide to surgical stomatology and maxillofacial surgery]. Moscow: Medicina, 2000, V. 2, 488 p.

3. Belousov A.E. Rubcy kak global'naja problema plasticheskoj hirurgii [Scars as global problem of plastic surgery] Annaly plasticheskoj, rekonstruktivnoj i jesteticheskoj hirurgii [Annals of plastic, reconstructive and esthetic surgery]. 2004, №4, p. 41-42.

4. Pinelis I.S. Rubcy – odna iz osnovnyh problem hirurgii [Scars – one of the main problems of surgery] Zabajkal'skij medicinskij zhurnal [Transbaikal medical magazine]. 2013, №1, p.28-32.

5. Pinelis I.S. Keloidnye rubcy i ih lechenie [Keloid scars and their treatment]. [Ibid.], 2013, №2, p.51-55.

6. Pinelis I.S. Shirko O.I. Predoperacionnaja podgotovka bol'nyh, nuzhdajushhihsja v vosstanovitel'nyh operacijah cheljustno-licevoj oblasti [Preoperative preparation of the patients for recovery operations of maxillofacial area] Vestnik BGU. Medicina i farmacija, 2012, №2, p.60 -69.

7. Saidahmedov S.S. Babadzhanov A.S. Normahmatov B.T. Nekotorye voprosy mestno-plasticheskih operacij cheljustno-licevoj oblasti na razlichnyh jetapah ee okazanija [Some questions of local plastic surgeries of maxillofacial area at its various stages] Novoe v stomatologii [New in dentistry]. 2003, №8, p.46-48.

8. Shirko O.I. Pinelis I.S. Kershengol'c B.M. Primenenie Jepsorina u bol'nyh nuzhdajushhihsja v plasticheskih operacijah [Epsorin's use in patients for plastic surgery] Zabajkal'skij medicinskij vestnik [Transbaikal medical bulletin] . 2006, №3, p.7-11.

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LAPAROSCOPIC UTERINE ARTERY OCCLUSION AS A STAGE OF EFFECTIVE UTERINE FIBROIDS TREATMENT TECHNOLOGY

ABSTRACT

Compared to separate laparoscopic myomectomy, its combination with uterine arteries (UA) occlusion reduces the duration of the intervention, intraoperative blood loss and adverse clinical symptoms among 93.7% of women. It also has low myoma growth recurrence rate (during 12 months' observation period – just 3.0%).

High therapeutic effectiveness of UA laparoscopic occlusion consists of good knowledge of the basics of angiology, having manipulative skills, adequate perioperative management and complex rehabilitation after surgery.

Keywords: uterine fibroids, laparoscopic occlusion of uterine arteries.