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Keloid^{insider}

Keloid Insider is a regular newsletter published and distributed by Dr. Tirgan. Various keloid-related topics are discussed in straightforward language.

Treatment of Chest Keloids (Part 1)

Chest skin is the most common region of the body to develop keloids. In most patients the disease is multifocal from the onset; meaning, most patients often develop more than one keloid lesion on their chest, and have keloids elsewhere, such as in the upper arm and shoulder areas.

TREATMENT STRATEGY:

Anterior chest keloids are among the most difficult keloids to treat. The disease has a highly variable pattern of behavior, can appear in different shapes, and often progresses at a different pace in different patients. To be descriptive, there are some patients who struggle for years with only one small keloid lesion on their chest; there are also patients who within a few months develop numerous keloids on their chest and other regions of their skin.

Successful treatment of chest keloids - a condition that behaves so erratically - must start with a thoughtful and long-term treatment plan that is often unique and custom-designed for each individual patient. This is one condition where the success or failure of treatment squarely depends on the treatment strategy that is applied.

The most important fact about this disease is that no matter how small the chest keloid lesions may be, the treatment process will be a lengthy one. Unfortunately, this is the most difficult message to relay to a young person and to the family of a patient who is just diagnosed with early stage chest keloid. The failure to accept this fact, and instead rushing to achieve a quick solution often results in a much worse outcome.

Newly diagnosed Patients:

The most important elements of the treatment strategy for newly diagnosed patients are:

A. First and foremost, to DO NO HARM. This means that that we should not make the situation worse with our treatments. Also, we must be cognizant of the potential adverse effects of our treatments.

B. To bring the triggering factors under control. In some patients, acne is the main factor that triggers the formation of chest keloids. Aggressive acne treatment should be part of the overall treatment plan for all patients.

C. To intervene early and to bring the keloid lesions under control with a combination of intra-lesional steroids, intra-lesional chemotherapy and/or cryotherapy. Please see below.

D. To avoid surgery, radiation therapy and lasers in all newly diagnosed patients as these methods carry a high risk of causing harm and making the keloids worse. In the case of radiation, the treatment can have serious long-term side effects.

TREATMENT OPTIONS:

1- *Injecting keloids with steroids* is the first line of treatment for all early-stage and very small chest keloids. Some small keloids respond well to this treatment.

2- *Injecting keloids with anti-cancer chemotherapy* drugs is proper for small keloids that fail to respond to steroid injections. This method should be used early in order to avoid the progression of small keloids into larger lesions.

3- *Cryotherapy* is an effective method of treating raised or bulky small chest keloids.

CASE STUDY:

This is a 26-year-old Caucasian male who first came to see me in March 2015 with a single chest keloid (shown below) that had been present for five years. He was previously treated with steroid injections, but his keloid had failed to respond to treatment.



Since this keloid had failed to respond to steroid injections and was somewhat raised, I decided to treat it with cryotherapy in combination with steroid injections. Within a month of this treatment, we started seeing improvements.



Encouraged with this result, we continued with the same treatment. After five rounds of treatment this keloid became completely flat. The image below shows the appearance of this keloid in January 2016.



Once a chest keloid is made flat, the patient is advised to self-monitor the area and return if the keloid regrows.

I will continue this topic in my next e mail.

To learn more about chest and other keloids and the corresponding treatment strategies, please visit <https://www.keloid212.com>.

You can also email your questions directly to me at DrTirgan@gmail.com. I will post my responses to common questions in the next issue of *Keloid Insider*.

Prior issues of Keloid Insider, can be found at <https://www.keloidinsider.com>.

Also, those of you who have been using the R5/R6 product and did not have a chance to take the survey that I sent out a few weeks ago, please take a few minutes [to take this short survey](#). Your answers will help me to fine tune the utility of this product.

Be well,

Michael H Tirgan, MD

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