

THE BOOK OF FULL TEXT

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Gaziantep, Türkiye

EDITOR

Lecturer Dr. Neşe YILMAZ

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**SUCCESSFUL TREATMENT OF RECURRENT EAR KELOID WITH INTRASCAR
CRYOSURGERY****Sergey PUKHLIK**

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Abstract**Introduction**

Keloid scars are pathological fibroproliferative lesions characterized by excessive collagen deposition and abnormal wound healing. Auricular and postauricular keloids represent a particularly challenging clinical problem because of their high recurrence rates, cosmetic significance, and the tendency toward progressive enlargement following repeated surgical interventions. Intralesional cryosurgery has emerged as a tissue-preserving therapeutic option aimed at selective destruction of pathological scar tissue while minimizing damage to surrounding structures.

Methods

We present a clinical case of a 46-year-old male patient with a recurrent postauricular true keloid that developed following otologic surgery for chronic otitis media. Initial postoperative healing was uneventful; however, progressive keloid formation developed within 3 months. Surgical excision of the lesion was followed by recurrence during the subsequent 6 months. Histopathological examination confirmed the diagnosis of a true keloid. Considering the recurrent nature of the lesion, intralesional cryosurgery using a cryoprobe with liquid nitrogen (-196°C) was selected as the treatment modality.

Results

Immediately after treatment, local freezing, inflammatory edema, blister formation, and transient tissue swelling were observed. By postoperative day 4, marked regression of smaller lesions and softening of larger keloid tissue were noted. Continued reduction in lesion volume occurred by day 12, followed by spontaneous separation of cryodestructed tissue on day 13. During a 3-year follow-up period, no evidence of keloid recurrence was detected. The treated area demonstrated satisfactory cosmetic healing with mild residual pigmentation and no subjective discomfort.

Discussion

This clinical case demonstrates the potential effectiveness of intralesional cryosurgery in the management of recurrent postauricular keloids. The method enabled targeted destruction of pathological

tissue while preserving the epidermal surface and minimizing secondary tissue trauma. Long-term recurrence-free follow-up suggests that intralesional cryosurgery may represent a promising minimally invasive alternative for recurrent auricular keloids, particularly in cosmetically sensitive anatomical regions.

Keywords: keloid, auricular keloid, intralesional cryosurgery, cryotherapy, recurrent keloid, scar management, wound healing

