

African-Americans 7 times more likely to have keloid scarring of the head, neck

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African Americans are seven times more likely than Caucasians to develop an excessive growth of thick, irregularly shaped and raised scarring on their skin – known as a keloid – following head and neck surgery, according to a new study from Henry Ford Hospital in Detroit.

This finding, however, is much lower than that previously reported in medical literature, where rates of keloid development have been shown to be up to 16 percent in [African Americans](#).

Unlike regular scars, keloids do not subside over time and often extend outside the wound site. Keloids also may be painful to the touch and itchy.

"Many African American patients are afraid to have [head](#) and [neck surgery](#) or any facial cosmetic procedures for fear of developing keloids at the incision sites," says Lamont R. Jones, M.D. vice chair, Department of Otolaryngology-Head and Neck Surgery at Henry Ford.

"We hope our study helps to eliminate that fear by showing that keloid development on the head and neck following surgery is actually much smaller than other reports."

Much of the uncertainty surrounding keloids is rooted in there being no known cause for their development.

But Dr. Jones and his research team at Henry Ford hope to eliminate that

unknown.

They are embarking on another keloid study to find a new technique to identify the genes that may be responsible for keloid development. By identifying the genetic cause, it may be possible to develop better treatments for keloids in the near future.

"The cause of keloid formation is unknown, but it is believed to have a genetic component given the correlation with family history, prevalence in twins, and its predisposition in darker skin," notes Dr. Jones, a facial plastic and reconstructive surgeon.

Keloids most often occur on the chest, shoulders, earlobes (following ear piercing), upper arms and cheeks. The lowest rates of keloid formation have been documented in albinos and the highest seen in dark skinned individuals, especially in the African-American population.

Treatment for keloids includes cortisone injections, pressure dressings, silicone gels, surgery, cryosurgery (freezing), laser treatment, or radiation therapy. A combination of treatments may be used, depending on the individual. In some cases, keloids return after treatment.

Within published literature, there is a wide range of reported incidences for keloid development.

The Henry Ford study is the first to investigate keloid development following head and neck surgery.

Among the nearly 6,700 patients in the Henry Ford study, 20 were found to have a keloid within the head and neck area following surgery. Of those, the keloids rate for African Americans was 0.8 percent, while the rate for Caucasians was 0.1 percent.

After adjusting for age and gender, the study showed that the odds of getting a keloid for African Americans were 7.1 times that of [Caucasians](#).

Provided by Henry Ford Health System

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