

EP-031

귀 켈로이드에 대한 Core Extirpation : 조직 보존적 수술 기법 및 치료 결과

Core Extirpation for Ear Keloids : A Tissue-Preserving Surgical Technique and Its Outcomes



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Purpose: Core extirpation (CE) is a tissue-preserving surgical technique that removes the central bulk of a keloid while retaining a thin peripheral shell of pathologic tissue as a skin flap. By avoiding injury to surrounding uninvolved skin, this approach may minimize postoperative auricular shape distortion, which is particularly important in the auricle with its complex three-dimensional structure. However, clinical outcomes and recurrence rates following CE for ear keloids have not been sufficiently reported. This study aimed to evaluate the clinical efficacy, aesthetic outcomes, and recurrence following CE for auricular keloids.

Methods: Patients who underwent CE for auricular keloids between July 2022 and December 2025 were retrospectively reviewed. Keloid location and size were documented preoperatively. Postoperative outcomes were assessed based on recurrence-related symptoms (redness, pruritus, and pain) and standardized photographic evaluations focusing on helical rim notching, auricular structural changes, or volume loss. Patients who developed postoperative keloid-related symptoms received intralesional steroid injections, and the number of patients requiring injections and the total number of injections were recorded.

Results: A total of 32 patients with 42 lesions were included in the study. Postoperative keloid-related symptoms, particularly pruritus, developed in 7 patients (21.8%) and resolved within 3 weeks after surgery. Two patients (6.2%) required postoperative intralesional steroid injections due to redness and pruritus, and the symptoms resolved after a mean of two injections. Among the 42 lesions, 37 (88.1%) demonstrated excellent auricular shape without ear notching or loss of normal auricular volume. Three lesions (7.1%) showed good auricular shape but had mild skin irregularity caused by residual scar tissue. Two lesions were graded as moderate because the patients had previously undergone multiple wedge resections, resulting in pre-existing auricular deformity compared with the contralateral ear. During the mean follow-up period of 5.7 months, no clinical recurrences were observed.

Conclusion: Core extirpation is an effective surgical option for auricular keloids, demonstrating excellent aesthetic outcomes and a low recurrence rate. Preservation of the peripheral skin flap may prevent postoperative ear distortion and reduce wound tension, contributing to durable results. CE represents a reliable, tissue-conserving approach for the management of ear keloids.

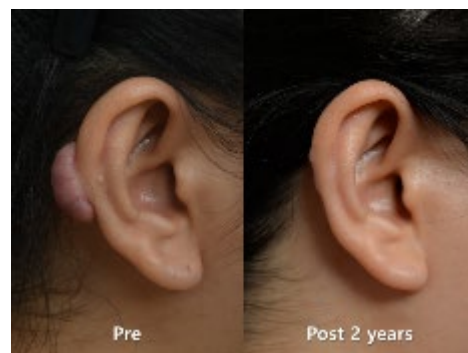


Fig. 1.



Fig. 2.