

EP-081

귓볼에 발생한 거대 켈로이드의  
치료: 증례 보고

(Treatment of Huge Keloid on Earlobe:  
A Case Report)



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**Purpose:** Keloids are benign fibroproliferative scars caused by abnormal wound healing and frequently occur on the ear following ear piercing. Management remains challenging because of their tendency to progressively enlarge and recur after treatment. Here, we report a case of a large earlobe keloid that developed after previous excision and describe its surgical management.

**Methods:** A 56-year-old female patient with underlying conditions of anxiety disorder and panic disorder had undergone excision of a keloid on her left earlobe at a local clinic approximately 20 years ago. Although the mass had gradually increased in size over time without further treatment, she presented to the outpatient clinic due to increasing discomfort caused by the weight of the lesion.

**Results:** The surgery was performed under general anesthesia. An incision was made along the keloid margin, extending across the anterior aspect of the earlobe, part of the earlobe itself, and the posterior aspect of the earlobe. Dissection was carried out along the SMAS layer, and the keloid was completely excised. There was no exposure of the auricular cartilage at the defect site. The remaining defect was reconstructed using a split-thickness skin graft harvested from the thigh.

**Conclusion:** The skin graft at the recipient site was well taken, with no evidence of recurrence during the 6-month follow-up period. Early surgical intervention before the lesion becomes excessively large may facilitate reconstruction and improve patient comfort. Because recurrence is unpredictable, long-term follow-up is necessary after surgical treatment of keloids.



**Fig. 1.** Preoperative photographs of a 56-year-old woman with a large keloid involving the left earlobe at presentation. Lateral (left), frontal (center), and posterior (right) views demonstrate the size and extent of the lesion.



**Fig. 2.** Intraoperative photographs. Defect after complete excision of the earlobe keloid (left). Reconstruction with a split-thickness skin graft harvested from the thigh (right).



**Fig. 3.** Gross photographs of the excised keloid specimen. The anterior surface is shown (left), and the posterior surface with the stalk attached to the earlobe is shown (right).



**Fig. 4.** Postoperative photographs at 6 months after surgery. Lateral (left) and frontal (right) views demonstrate a well-healed reconstruction without evidence of keloid recurrence.