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Letter regarding "Keloid formation after circumcision and its treatment"

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We read with great interest the article by Demirdover et al. entitled 'Keloid formation after circumcision and its treatment' [1]. The authors introduce their experience with a penile keloid.

Although keloids can occur at any age, they tend to develop more rapidly during and after puberty. Therefore, this case is of one of the youngest patients reported in the literature to date. According to our own clinical experience [2,3], the youngest subject reported was a 6-year-old boy with a right inguinal keloid (Fig. 1).

The authors adopted a combination therapy of surgical excision and adjuvant silicone gel sheet application. Although topical silicone gel sheeting is well known for the treatment of keloids, previous works by many authors suggest that sheets should be worn over the keloids for more than 12 h per day for 2—3 months [4,5]. As the penis is a three-dimensional cylindrical structure, theoretically this is possible to apply. However, clinicians should be aware that it is difficult for children to be expected to wear silicone gel sheets for a sufficient time.

Therefore, we recommend surgeons to use steroid injection therapy as their adjuvant therapy for the treatment of penile keloids. We have successfully treated our inguinal keloids with surgical excision followed by adjuvant steroid injection therapy (Fig. 2).

In addition, in terms of diagnosis, it is necessary to obtain pathological confirmation showing thick hyalinized collagen bundles.

Figure 1 Preoperative appearance of right inguinal keloid in a 6-year-old boy.

Figure 2 Post-treatment appearance of the same patient. (18 months postoperatively).

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