CONDITION

Keloids

A keloid is a raised scar that grows beyond the edges of the original skin injury.

WHAT IT IS
Overgrown scar extending beyond the original wound

BODY SYSTEM
Skin

MAIN SYMPTOMS
Raised scar, itching, tenderness, tightness

WHAT CAUSES IT
Excess scar response, with inherited tendency contributing

HOW IT IS DIAGNOSED
Skin examination; biopsy when diagnosis is uncertain

MAIN TREATMENT
Scar-directed medicines and procedures, often combined

CAN IT BE CURED?
Sometimes - successful treatment, but recurrence possible

IS IT AN EMERGENCY?
No, but rapid change needs prompt assessment

LONG-TERM OUTLOOK
Benign but often persistent, with recurrence after treatment

Overview

A keloid is a thick, raised area of scar tissue. It forms when the body continues producing scar tissue after a wound has healed. Unlike an ordinary scar, a keloid grows beyond the edges of the original injury.

Keloids can develop after surgery, burns, acne, piercings, tattoos, injections, insect bites, or minor cuts. Sometimes the original injury was so small that you may not remember it.

A keloid is benign, meaning it is not cancer. However, it may itch, hurt, feel tight, or limit movement if it forms near a joint. Its appearance can also affect confidence and emotional well-being.

Keloids are different from hypertrophic scars. Both are raised, but a hypertrophic scar stays within the boundaries of the original wound and may flatten over time. A keloid spreads

outside those boundaries and is less likely to shrink without treatment.

Symptoms

A keloid usually appears as a firm, smooth, raised growth over a previous skin injury. It may be skin-coloured, pink, red, brown, or darker than the surrounding skin. Colour can change over time.

Growth may begin within months of an injury, although some keloids develop later. They often grow slowly over months or years. Their shape follows the affected area and may be rounded, irregular, or elongated.

Possible symptoms include:

Common sites include the chest, shoulders, upper back, jawline, cheeks, and earlobes. Keloids are unusual on the palms and soles.

A typical keloid does not contain pus and should not cause fever. New drainage, spreading redness, warmth, or rapidly worsening pain may point to infection or another problem rather than the keloid itself.

- Itching, tenderness, burning, or pain
- Tightness or pulling in the surrounding skin
- Sensitivity when clothing or jewellery rubs the area
- Reduced movement when a large keloid crosses a joint
- Distress about the scar's size, colour, or location

Causes and risk factors

Scarring is part of normal healing. The body makes collagen, a strong structural protein, to repair damaged skin. In a keloid, collagen production and inflammation continue longer than needed, creating scar tissue that extends into nearby skin.

The exact reason this happens is not fully understood. Genes play an important part, so keloids can run in families. They are more common in people with darker skin tones, although anyone can develop one. This difference is related to skin biology, not poor wound care.

Keloids often begin during the teenage years or early adulthood, but they can occur at any age. Pregnancy and other hormonal changes may affect an existing keloid in some people.

Your chance of developing a keloid may be higher if you:

A keloid is not contagious. It cannot spread from one person to another. It also does not form because a wound was dirty, although infection and prolonged inflammation may make abnormal scarring more likely.

- Have had a keloid before
- Have close relatives who develop keloids
- Have darker brown or Black skin
- Have an injury on a keloid-prone area, such as the chest or shoulders
- Experience repeated irritation or inflammation at a wound

Diagnosis

A healthcare professional can usually diagnose a keloid by examining the skin and asking how it developed. They may ask about previous injuries, operations, acne, piercings, and whether you or relatives have had similar scars.

The timing and growth pattern help distinguish a keloid from a hypertrophic scar. A keloid grows beyond the original wound, while a hypertrophic scar remains within it.

Tests are not usually needed. If the growth looks unusual, changes quickly, breaks down, or has no clear connection to an injury, a skin biopsy may be recommended. During a biopsy, a small sample is removed and examined under a microscope. This helps rule out other skin growths, including rare cancers that can resemble scars.

Treatment and management

Keloids do not always need treatment. If one is stable and does not bother you, monitoring it may be reasonable. Treatment is usually considered for discomfort, itching, restricted movement, repeated irritation, or concerns about appearance.

No single treatment works for everyone. Several methods may be combined, and repeated appointments are often needed.

Common options include:

Other injected or topical medicines are sometimes used by specialists when standard approaches have not helped. Treatment choice depends on the keloid's size, location, symptoms, previous treatment, and your preferences.

Do not cut, burn, tie off, or use corrosive products on a keloid at home. These methods can

cause infection, permanent skin damage, and further scar growth.

- Corticosteroid injections: Anti-inflammatory medicine is injected into the scar to soften and flatten it. The treatment may also reduce itching or pain. Possible effects include skin thinning, small visible blood vessels, and colour changes.
- Silicone gel or sheets: Silicone is placed over healed skin for extended periods. It may soften or flatten some scars, although results differ and the evidence is not equally strong for every type of keloid.
- Pressure treatment: Special clips, earrings, or garments place steady pressure on the scar. This is used most often for earlobe keloids or after removal. It can be uncomfortable and must be fitted and used correctly.
- Cryotherapy: The keloid is frozen, usually with liquid nitrogen. It is generally more suitable for smaller growths and may require several sessions. Blistering and lighter skin colour can occur, particularly in darker skin.
- Laser treatment: Certain lasers may reduce redness, discomfort, or thickness. Laser treatment is often combined with injections or other methods rather than used by itself.
- Surgery: A surgeon can remove the keloid, but surgery creates a new wound. Keloids frequently return after removal alone and may grow larger. Surgery is therefore often paired with injections, pressure treatment, silicone, or another therapy.
- Radiation after surgery: Carefully targeted radiation may reduce recurrence in selected adults with difficult keloids. It is given through specialist services after a discussion of potential benefits and long-term risks.

Complications

Keloids do not usually cause serious physical harm. Their main complications come from symptoms, location, emotional impact, or treatment.

A large or tight keloid may limit movement, especially if it crosses a joint. Scars on the ear may make jewellery or headphones uncomfortable. Repeated rubbing can irritate the surface.

Some people experience ongoing pain or itching that affects sleep and concentration. Visible keloids may also lead to embarrassment, unwanted attention, anxiety, or low mood. These effects are valid reasons to discuss treatment or emotional support.

Treatment can cause changes in skin colour or texture. Surgery and other procedures can trigger further keloid growth. Infection is uncommon but can occur after a procedure or if the skin breaks down.

Prevention

Keloids cannot always be prevented, especially if you have an inherited tendency to develop them. Even careful wound care cannot guarantee that a keloid will not form.

If you have had keloids, avoiding unnecessary skin injury may lower your risk. This may include avoiding elective piercings, tattoos, or cosmetic procedures, particularly in areas where you have scarred before.

Before necessary surgery, tell the surgical team about your history of keloids. They may be able to plan incision placement, reduce skin tension, monitor healing, or discuss preventive scar treatment. Silicone or pressure therapy may be considered after the wound has fully closed, depending on the site and procedure.

Follow wound-care instructions and seek help if a wound becomes infected. Protecting a healed scar from sunlight can reduce noticeable colour differences, but it does not stop a true keloid from forming.

Living with it and what to expect

A keloid may grow for months or years before becoming stable. It may soften or fade slightly, but established keloids rarely disappear completely without treatment. They do not turn into cancer.

Treatment can reduce size, firmness, itching, or pain, but a completely flat scar is not always possible. Improvement may be gradual, and recurrence can happen months or years later. Follow-up is often needed after procedures so early regrowth can be assessed.

Avoid repeated picking or scratching. If clothing rubs the area, a soft covering may reduce irritation. Use skin products that do not sting or inflame the scar.

Keloids do not shorten life expectancy. Most people can work, exercise, and carry out their usual activities. The main long-term issues are discomfort, appearance, restricted movement in some locations, and the possibility of regrowth after treatment.

If the keloid affects confidence, relationships, or mood, mention this during routine care. Support can include treatment of symptoms, camouflage advice, counselling, or connection with people who have similar experiences.

When to get medical help

Arrange a routine appointment if a raised scar is growing, itching, painful, or affecting movement. You can also seek advice if its appearance concerns you or if you are considering a piercing, tattoo, or operation after having previous keloids.

Request prompt medical assessment if the growth:

These features do not necessarily mean something serious, but they may indicate infection or a different skin condition.

Keloids themselves are not medical emergencies. Seek emergency care after a treatment or procedure if you develop trouble breathing, swelling of the face or throat, faintness, or bleeding that will not stop.

- Enlarges unusually quickly
- Bleeds or develops an open sore without clear injury
- Changes in a way that is not typical for your other scars
- Becomes increasingly hot, red, swollen, or painful
- Produces pus or is accompanied by fever

Common questions

Do keloids go away on their own?

They usually do not disappear completely. Some become softer, flatter, or less noticeable over time, while others remain raised or continue to grow slowly. Treatment may improve symptoms and appearance.

Can a keloid grow back after removal?

Yes. Surgical removal creates another wound, and recurrence is common when surgery is used alone. Combining surgery with other scar treatments may lower the chance of regrowth, but it cannot remove the risk completely.

Are keloids cancerous?

No. A keloid is an overgrowth of scar tissue, not cancer, and it does not become cancer. A growth that changes rapidly, bleeds, or does not fit the usual pattern should still be examined to confirm what it is.

Can I get a tattoo or piercing if I have keloids?

A tattoo or piercing can trigger another keloid. The risk is higher if you have developed keloids after previous skin injuries. Avoiding elective skin procedures is the most reliable way to avoid that particular trigger.

Why does my keloid itch or hurt?

Keloid tissue contains active scar cells, collagen, small nerves, and inflammatory signals. Tension in the thickened tissue can also irritate nearby skin and nerves. Injections, silicone, laser therapy, or other treatments may help, depending on the scar.

Can creams flatten a keloid?

Ordinary moisturisers may reduce dryness or irritation but usually do not flatten an established keloid. Silicone gel can help some scars when used consistently. Strong medicated products should only be used with appropriate clinical guidance.

Sources

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