Letter regarding “Clinical and histologic effects from CO(2) laser treatment of keloids”

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Dear Editor,

We read with great interest the article by Nicoletti et al. [1] entitled “Clinical and histologic effects from CO(2) laser treatment of keloids.” The authors introduce their experiences with high-energy pulsed CO₂ laser for the treatment of earlobe keloids.

Considering the consequences of keloids including cosmetic deformity and psychological trauma, complete cure without recurrence is one of the most important considerations to physicians as well as patients [2, 3]. As sessile-type keloids are not sharply demarcated and marginal recurrences of sessile-type keloids are not infrequent in the clinical practice, we suggested that pedunculated-type keloids be the best candidate for the treatment with laser [4].

The present study by Nicoletti et al. was differentiated from published literature which introduced laser treatment as an initial treatment regimen rather than adjuvant therapy [5, 6]. As CO₂ laser treatment is considered as one of the surgical traumas, using this regimen as an adjuvant to surgical excision can be another major cause of keloid recurrence.

In the third case shown in the article by Nicoletti et al., we are afraid that a successful outcome was not achieved despite improved Vancouver Scar Scale. Rather, we observed that the scar was somewhat elevated and extended

beyond the original surgical field. In conclusion, to validate the authors’ treatment regimen, a prospective, multicenter, further study would be warranted.

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