

## Letter regarding “Management of ear lobule keloids using 980-nm diode laser”

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Received: 14 March 2012 / Accepted: 22 March 2012 / Published online: 8 April 2012  
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Dear Editor,

I read with great interest the article by Kassab et al. [1] entitled “Management of ear lobule keloids using 980-nm diode laser”. The authors introduce their experiences with 980-nm diode laser therapy in conjunction with corticosteroids for the treatment of earlobe keloids. They are to be commended for their efforts.

Ear piercing is the most common cause of earlobe keloid formation in predisposed individuals, with an incidence of approximately 2.5 % [2]. Patient morbidity related to earlobe keloids includes pruritus, pain, infection, and ulceration, with the cosmetic disfigurement being the most disturbing feature. Therefore, complete cure without recurrence is crucial to patients and surgeons. Recently, we established Chang–Park classification, which is the first formal keloid classification system present in the medical literature [3]. According to our classification, earlobe keloids described in Fig. 2a and b are Type IB (pedunculated type) and Type II (sessile type, single nodular pattern), respectively. In our opinion, pedunculated-type earlobe keloids are the best candidates for authors’ regimen. On the other hand, sessile-type earlobe keloids are not sharply demarcated. For this reason, surgical intervention can be a better option than laser therapy.

In terms of cost, 980-nm diode laser therapies require several passes to treat completely; this modality is more expensive than surgery. In addition, randomized, prospective trials with a cost–utility analysis is helpful to determine the efficacy of 980-nm diode laser therapy combined with corticosteroid injection. In conclusion, to validate authors’ regimen, a prospective multicenter study would be beneficial in establishing this modality as an excellent option.

**Conflict of interest** The authors report no conflict of interest/financial disclosure to declare.

### References

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