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Christopher Mancuso, J Clin Exp Dermatol Res 2017, 8:6 (Suppl)

DOI: 10.4172/2155-9554-C1-066

9th Clinical Dermatology Congress &

2nd International Conference on

PSORIASIS, PSORIATIC ARTHRITIS & SKIN INFECTIONS

October 16-18, 2017 New York, USA

The use of xenografts in the reconstruction of the ear following keloid excision

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Reloid scarring is a chronic disfiguring condition that is characterized as overproduction of collagen caused by excessive fibroblast proliferation in response to dermal injury. Diagnosis of keloids is based on the clinical presentation and history. The treatment options include one or a combination of the following: intralesional injections of corticosteroids or 5-fluorouracil, topical Imiquimod or silicone gel sheets, pressure therapy, cryotherapy, surgical excision, radiation therapy, and laser therapy. It has been proposed that a combination of intralesional corticosteroid injections with surgical excision be considered as a first-line therapy for earlobe keloids. While there is a large body of research on keloids and the treatments have been well established, the recurrence rates remain high and variable and there are currently no available guidelines or algorithms for the number of injections of corticosteroids that should precede surgical excision. The goal of this case report is to demonstrate the use of xenografts in the reconstruction of keloid excisions on the ear.

Biography

Christopher Mancuso has experience in research as an Undergraduate and Graduate student at Johns Hopkins University. His interests include: conducting benchwork and working on clinical studies in the fields of Neurosurgery and Dermatology. Currently, he is a third-year Medical Student at Nova Southeastern University College of Osteopathic Medicine and hopes to pursue a career as a Dermatologist and Mohs Surgeon.

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