



Management of Caesarean Scar Keloid in Pregnancy: A Multidisciplinary Approach

Authors: Dr. Abinaya Kannan Talluri, Mrs Venkata Sirisha Gurram

Objective

To present a culturally sensitive, evidence-based, multidisciplinary approach to managing extensive keloid formation during pregnancy in a woman of colour

Case Summary

- **Patient:** 29-year-old G2P1
- **Presentation:** At 27+4 weeks with large CS and vulval keloids
- **History:** EMCS in 2020, keloid excision on shoulder in 2017
- **Management:**
 - Elective LSCS at 38+1 weeks
 - Concurrent **surgical excision** of keloids
 - Deep dissection by giving incision on the inside of keloid edge, Tension-free closure, subcuticular sutures
 - **Intralesional triamcinolone acetonide** post-excision
 - **Prophylactic antibiotics**

Discussion

- Keloids are more common in individuals with skin colour; pregnancy exacerbates formation via hormonal changes.
- **Multimodal management** included:
 - Surgical excision with **tension-free closure**
 - **Intralesional triamcinolone** to inhibit fibroblasts
 - **Prophylactic antibiotics** due to GBS colonisation
- **Postnatal adjuncts** (e.g. radiotherapy, silicone sheeting) may reduce recurrence.
- Vulval and CS scar keloids impact **body image, intimacy**, and mental wellbeing.
- **Culturally sensitive, patient-centred care** is vital for women.
- **Early MDT involvement** enhances both clinical and psychosocial outcomes.

Outcome

- Successful wound healing
- Minimal recurrence at follow-up
- Enhanced quality of life post-intervention

Pre-Op



Pre-operative keloid formation

Post-Op



Post-operative result (CS scar)

Conclusion

A tailored, multidisciplinary strategy integrating **surgery, corticosteroids**, and **preventive adjuncts** provides effective, compassionate care for pregnancy-related keloids, especially in women of colour.

References

1. Chai Chua S et al. *Post Caesarean Keloids*
2. Kim J, Lee SH. *Radiotherapy for Keloids*
3. Mustoe TA. *Scar Management Guidelines*
4. Ogawa R. *Inflammation & Keloid Formation*



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