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Acne keloidalis nuchae: Surgical management with electrosection and second-intention healing

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Abstract

Acne keloidalis nuchae is a frustrating disorder for both patient and physician when it is refractory to nonsurgical treatment options. Excision with adjuvant steroid injection is an accepted standard treatment for extensive or intractable lesions. However, surgical excision at this vascular anatomical region can be a tedious and bloody procedure. Repairs with grafting and flaps usually lead to less than satisfactory cosmetic results. We describe a surgical technique for refractory acne keloidalis nuchae that provides a clean and relatively bloodless surgical field and leaves the patient with cosmetically pleasing results. Nine patients with refractory occipital scalp and/or posterior neck acne keloidalis nuchae were treated with electrosection, using a blended cut and coagulation current on the Conmed Sabre 2400 electrosurgical unit. Healing was by second-intention, with no grafting or flaps utilized. The surgical excision was followed by monthly post-operative intralesional triamcinolone acetonide (40mg) injections for 3 months. All nine patients experienced excellent cosmetic results with no evidence of recurrence during follow up periods ranging from 2 to 21 months. Intra-operative bleeding was minimal, maintaining a clear operating field for the surgeon. Post-operative pain was controlled with acetaminophen alone or acetaminophen with codeine or hydrocodone. Electrosection with second-intention healing is a quick and effective technique for the treatment of refractory acne keloidalis nuchae with excellent aesthetic results.

Biography

Jordan C. Carqueville, MD completed her Dermatology residency at Cook County Hospital in Chicago and her Dermatopathology fellowship at the University of California, Los Angeles. She trained in Cosmetic Dermatology with a specialty in injectable fillers and neurotoxins in Hollywood, CA. She currently practices in Chicago, IL as a general, surgical and cosmetic dermatologist.