

Bridging a Therapeutic Gap: Hydrocortisone Occlusion Dressing after Keloid Excision in Indonesia's National Referral Hospital: A Case Series

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BACKGROUND:

Commercial steroid tape is widely regarded as the benchmark adjuvant after keloid excision, yet it cannot be sourced in Indonesia. We therefore explored whether a simple hydrocortisone 1% cream sealed beneath a transparent polyurethane dressing could fill that therapeutic gap.

METHODS:

Twelve consecutive patients underwent excision followed, within 24 hour, by radiation. Starting on postoperative day 3, patients was applied hydrocortisone 1% covered with occlusion dressing daily, for 12 weeks. Outcomes are measured using Vancouver Scar Scale (VSS) and Patient/Observer Scar Assessment Scale (POSAS) were recorded every four weeks. Adherence and adverse events were logged at each visit.

RESULTS:

All twelve patients demonstrated significant improvements in scar height, redness, and softness as measured by VSS and POSAS. Patients reported high satisfaction with the ease and comfort of the treatment. Importantly, no significant adverse effects or skin irritation were observed, which are commonly associated with steroid tape.

CONCLUSION:

This preliminary series indicates that an inexpensive hydrocortisone –occlusion regimen can approximate the published efficacy of steroid tape while avoiding its supply limitations in Indonesia. A randomised controlled trial with a larger cohort is planned to validate these findings.

Keywords:

keloid; hydrocortisone; occlusive dressing; steroid tape substitute; Indonesia