

KECORT STUDY: AN INTERNATIONAL E-DELPHI STUDY ON THE TREATMENT OF KELOIDS USING INTRALESIONAL CORTICOSTEROIDS IN CLINICAL PRACTICE

Qi Yin¹ (MD), Albert Wolkerstorfer¹ (MD, PhD), Oren Lapid^{2,4} (MD, PhD), Khatera Qayumi¹ (MD), Murad Alam (MD, MSCI, MBA)⁵, Firas Al-Niaimi⁶ (MD, PhD), Ofir Artzi^{7,8} (MD, PhD), Martijn B.A. van Doorn^{9,10} (MD, PhD), Ioannis Goutos¹¹ (MD, PhD), Merete Haedersdal¹² (MD, PhD), Chao-Kai Hsu¹³ (MD, PhD), Woraphong Manuskitti¹⁴ (MD, PhD), Stan Monstrey¹⁵ (MD, PhD), Thomas A. Mustoe¹⁶ (MD, PhD), Rei Ogawa¹⁷ (MD, PhD), David Ozog¹⁸ (MD, PhD), Tae Hwan Park¹⁹ (MD, PhD), Julian Pötschke²⁰ (MD, PhD), Anthony Rossi²¹ (MD, PhD), Sweet T. Tan^{22,23} (MD, PhD), Luc Téot²⁴ (MD, PhD), Fiona M. Wood²⁵ (MD, PhD), Nanze Yu²⁶ (MD, PhD), Susan Gibbs^{27,28} (PhD), Frank B. Niessen² (MD, PhD), Dr. Paul P.M. van Zuijlen^{2,4,29} (MD, PhD)

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¹Department of Dermatology, Amsterdam UMC location University of Amsterdam, Meibergdreef 9, Amsterdam, The Netherlands

²Department of Plastic, Reconstructive and Hand Surgery, Amsterdam UMC location Vrije Universiteit Amsterdam, De Boelelaan 1117, Amsterdam, The Netherlands

³Pediatric Surgical Centre, Emma Children's Hospital, Amsterdam UMC location University of Amsterdam, Meibergdreef 9, Amsterdam, The Netherlands

⁴Amsterdam Movement Sciences (AMS) Institute, Amsterdam UMC, Amsterdam, The Netherlands

⁵Departments of Dermatology, Otolaryngology, Surgery, and Medical Social Sciences, Feinberg School of Medicine, Northwestern University, Chicago, IL.

⁶Taktouk clinic, London, UK

⁷Aalborg University Hospital, Aalborg, Denmark.

⁸Division of Dermatology, Tel Aviv Sourasky Medical Center, Tel Aviv, Israel.

⁹Sackler Faculty of Medicine, Tel Aviv University, Tel Aviv, Israel

¹⁰Department of Dermatology, Erasmus Medical Center, Rotterdam, the Netherlands

¹¹Centre for Human Drug Research, Leiden, the Netherlands

¹²The London Scar Clinic, 152 Harley Street, London W1G 7LH

¹³Department of Dermatology, Copenhagen University Hospital – Bispebjerg, Copenhagen, Denmark

¹⁴Department of Dermatology, National Cheng Kung University Hospital, College of Medicine, National Cheng Kung University, Tainan, Taiwan.

¹⁵Woraphong Manuskitti: Department of Dermatology, Faculty of Medicine Siriraj Hospital, Mahidol University, Bangkok, Thailand.

¹⁶Department of Plastic Surgery, Ghent University Hospital, Ghent, Belgium.

¹⁷Feinberg School of Medicine, Northwestern University, Chicago, Illinois USA

¹⁸Department of Plastic, Reconstructive and Aesthetic Surgery, Nippon Medical School, Tokyo, Japan

¹⁹Department of Dermatology Henry Ford Health, Detroit MI, USA

²⁰Michigan State University School of Medicine Department of Medicine, East Lansing MI, USA

²¹Department of Plastic and Reconstructive Surgery, Dongtan Sacred Heart Hospital, Hallym University College of Medicine, Hwasong, Republic of Korea

²²Department of Plastic and Handsurgery, Burn Center, Klinikum St. Georg gGmbH, Leipzig, Germany

²³Memorial Sloan Kettering Cancer Center, 530 East 74th Street, Office 9104, New York, NY 10021

²⁴Gillies McIndoe Research Institute, Wellington, New Zealand

²⁵Wellington Regional Plastic, Maxillofacial and Burns Unit, Hutt Hospital, Wellington, New Zealand

²⁶Department of Plastic Surgery Wound Healing Burns, Hôpital La Colombière, Montpellier University Hospital, Montpellier, France

²⁷Burns Service of Western Australia, Fiona Stanley Hospital, Perth Childrens Hospital, University of Western Australia.

²⁸Department of Plastic and Aesthetic Surgery, Peking Union Medical College Hospital, Chinese Academy of Medical Sciences & Peking Union Medical College

²⁹Department of Molecular Cell Biology and Immunology, Amsterdam institute for Infection and Immunity (AI), Amsterdam UMC, Vrije Universiteit, Amsterdam, The Netherlands

³⁰Department of Oral Cell Biology, Academic Centre for Dentistry Amsterdam (ACTA), University of Amsterdam and Vrije Universiteit, Amsterdam, The Netherlands

³¹Burn Center and Department of Plastic, Reconstructive and Hand Surgery, Red Cross Hospital, Beverwijk, The Netherlands

³²Burn Center and Department of Plastic, Reconstructive and Hand Surgery, Red Cross Hospital, Beverwijk, The Netherlands

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⁵⁹Burn Center and Department of Plastic, Reconstructive and Hand Surgery, Red Cross Hospital, Beverwijk, The Netherlands

⁶⁰Burn Center and Department of Plastic, Reconstructive and Hand Surgery, Red Cross Hospital, Beverwijk, The Netherlands

BACKGROUND

Keloid management, specifically intralesional corticosteroid administration (ICA) as a first-line treatment, faces significant variability in global clinical practice. This hinders comparability of treatment results, underscoring the need for universal treatment guidelines to standardize ICA and enhance consistency for clinical practice.

OBJECTIVE

To reach consensus on the different aspects of ICA using hypodermic needles in keloids among an international group of dermatologists and plastic surgeons specialized in keloid treatment.

MATERIALS AND METHODS

The keloid expert panel of twelve dermatologists and eleven plastic surgeons rated 35 statements. Two e-Delphi rounds were held, both with a response rate of 100%. Fifteen (65%) keloid experts participated in the final consensus meetings. Consensus was defined as $\geq 75\%$ of the participants choosing 'agree' or 'strongly agree' on a seven-point Likert scale.

RESULTS

Consensus was reached on 25 statements concerning treatment goals, indication for ICA, triamcinolone acetonide (TAC) 40 mg/mL as the preferred corticosteroid, at a maximum of 80 mg per month to avoid systemic adverse effects, and at suggested intervals of four weeks. Consensus was also reached on minimizing pain during ICA, the general use of 1 mL syringes and 25 or 27 Gauge needles, blanching as endpoint of successful infiltration, caution of not injecting subcutaneously, and the option of creating multiple passes in very firm keloids prior to infiltration allowing better deposition of the corticosteroid within the needle tracts. Consensus could not be reached on TAC dosing per specific area or volume of keloid, adequate methods of prior local anesthesia, and location of injection in the keloid.

Running Title

KECORT study: an international e-Delphi study on the treatment of Keloids using intralesional Corticosteroids in clinical practice

Conclusion

This e-Delphi study provides important clinical recommendations on essential aspects of ICA in keloids. By implementing these recommendations, uniformity of ICA in keloid treatment will increase and treatment results will become more comparable. Additionally, better treatment results may be achieved.