

Analysis of hypertrophic scars or keloids that arise after neck dissection

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Background: Neck dissection remains a standard surgical approach for removing node-positive tumors in the head and neck. Every effort should be made to employ neck incisions that not only meet the surgical extirpative goals but also provide maximal functional and aesthetic rehabilitation. These requirements are best met by horizontal incisions that run parallel to the normal skin tension lines. However, since vertical incisions are often needed, some patients may develop itchy and painful hypertrophic scars or keloids in the neck after neck dissection. In this study, we examined how often hypertrophic scars or keloids form after neck dissection in our facility.

Materials and Methods: The medical records were reviewed retrospectively to identify all consecutive patients who underwent flap reconstruction in 2017–2020 after head and neck cancer resection. The average follow-up period was XX months. Hypertrophic scars and keloids were defined by using the JSW Scar Scale.

Results: Of the 47 cases, five (11%) developed a hypertrophic scar or keloid. The lesions were most likely to occur at the distal incision line.

Conclusions: Invasive surgery is a life-saving intervention for head and neck cancers. However, about 10% of patients who survive due to this treatment will develop pathological scars that can be bothersome and affect patient quality of life. Plastic surgeons can play an important role in ameliorating these scars.