

Introduction

The past 2 decades have produced more advances in wound care than have the previous 2000 years as a result of rapid expansion in the knowledge of the healing process at the molecular level. Wound healing is the tissue response to injury and the process of tissue repair. It is a complex biologic process involving chemotaxis, cell proliferation, production of matrix proteins, neovascularization, and wound remodeling (**Monaco and Lawrence 2003**).

The aberrations in the healing process would result in an abnormally healed wound which can heal excessively or inadequately. Fibroproliferative scars remain an ongoing clinical challenge. Both hypertrophic scars and keloids require multimodal therapy to achieve reasonably successful treatment. At the present time incomplete understanding about the pathogenesis of fibroproliferative scars makes targeted, mechanistic treatment impossible. As understanding of these abnormal wound problems increases, more effective treatments will likely be available. Until that time, clinicians must utilize existing knowledge to treat patients while continuing to experiment with new approaches (**Rahban, and Garner, 2003**).

Many treatment modalities were tried to treat fibroproliferative scars such as complete excision, intramarginal scar excision, intralesional steroids injections, radiation, pressure dressings, silicone gel sheeting, and laser. New modalities such as Calcium channel blockers and cytokines, of which interferon and growth factors (TGF- β) are tried (**Tredget et al, 1998**).