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UNILATERAL ACQUIRED QUADRUPLE CLEFT EAR LOBE:A CASE REPORT

Otorhinolaryngology

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ABSTRACT

Multiple ear piercings are considered as a fashion symbol, particularly among the South Indian population, and are associated with an increased frequency of repercussions such as earlobe clefts.Cleft earlobes may be congenital or acquired. Acquired earlobe clefts are most common in females due to constant usage of heavy earrings ,sudden traction or trauma .Here we report a case of a 19-year-old female with quadruple clefts of the left earlobe due to multiple ear piercings. She had a history of left earlobe repair 1 year back for a single left earlobe cleft.We performed revision left auricular lobuloplasty under local anesthesia, following which there were no complications and aesthetic results were satisfactory.

KEYWORDS

CASE REPORT

INTRODUCTION:

The growing popularity of earlobe piercings in men and multiple ear piercings in women are examples of contemporary cultural and fashion trends.Because of this, piercing problems like split or cleft earlobe deformities are becoming more common(1).Younger people have been engaging in this behavior more lately, setting themselves apart and trying out new things frequently.

Ear lobe is an important aesthetic structure which is either round or conical in shape (2). Ear lobe clefts can be congenital or acquired (3)

Congenital cleft earlobe is a rare clinical entity that results from failure of fusion during embryologic development. Congenital defects are usually associated with tissue loss, thereby complicating surgical repair(4).The constant usage of heavy earrings,trauma or sudden traction stretches the ear lobule, leading to acquired ear lobe clefts, which require surgical reconstruction.

Surgical procedure varies according to location, number of clefts, and other factors. Cleft earlobe repair techniques are often separated into two categories: straight-line repairs and broken-line repairs.(5)

Here we present a case of a 19-year-old female who developed quadruple clefts of the left earlobe as a result of many ear piercings. We performed left auricular lobuloplasty under local anesthesia, and there were no complications.The aesthetic outcomes were good.

Case Report:

A 19-year-old female college student came to our outpatient department with multiple left earlobe clefts. Initially, she had a single left earlobe cleft due to constant usage of heavy earrings, for which she was operated on in an outside hospital before 1 year. Despite the condition, she continued to wear heavy earrings, resulting in an earlobe cleft at the operated location. Later, out of annoyance and dread of being taunted by peers, she had additional ear piercings around the cleft site, resulting in quadruple earlobe clefts.

On clinical examination, there were quadruple left ear lobe clefts as shown in Figure 1.

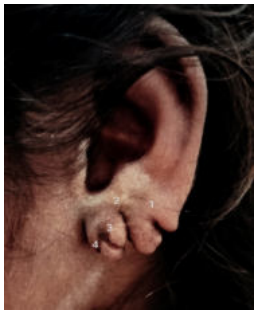

Figure 1: Left ear lobe quadruple clefts,Cleft 1-6mm in length,cleft 2-14mm in length,cleft 3-5mm in length,cleft 4-5mm in length .

Cleft 1 was around 6 mm in length; clefts 2, 3, and 4 were around 14 mm, 5 mm, and 5 mm in length, respectively(Figure 1). Both ends of all four clefts were completely epitheliazed. A complete blood count revealed normal hemoglobin, white blood cell counts, platelets, and coagulation profile. Serological tests were negative. She was medically stable without any comorbidities. We scheduled her for revision left auricular lobuloplasty under local anesthesia.Under aseptic precautions, 2 percent lignocaine was infiltrated locally. Markings were done. An 11-size blade was used to cut the cleft ends to create a raw surface. Around 1mm of tissue from anterior and posterior skin edges were excised.Cleft 1 was repaired first using an inverted V incision and sutured with a 4-0 ethilon vertical mattress technique, following which cleft 4 was repaired in a similar fashion. Then cleft 2 was repaired with a 4-0 Ethilon simple suture. Finally, raw surfaces of cleft 2 were sutured with the 4-0 ethilon vertical mattress technique (Figure 2).

Figure 2: Immediate post operative picture of left ear lobe clefts. Inverted V incision and vertical mattress suture technique was used.

A Betadine gauze dressing was applied. The patient was discharged on the same day. The patient was treated with oral antibiotics and analgesics for 7 days. Regular dressings were done. Sutures were removed on postoperative day 10 (Figure 3). There were no complications, and the outcome was satisfactory.

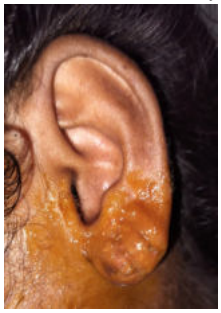

Figure 3: Post operative day 10 picture with all sutures removed.

DISCUSSION :

The surgical management of torn earlobes (TEL) caused by ear piercings has been documented since ancient India (100 BC to 100 AD), Babylon, and Victorian England. The term "kákusthapáli" was used by Sushruta Samnhita more than two thousand years ago (606 BC) to describe the stretched earlobe caused by TEL closure(6,7).The ear lobe cleft may be unilateral or bilateral,complete or incomplete.Boo-Chai reported congenital and acquired clefts, and designated congenital clefts as "coloboma lobuli." (3).

McLaren addressed the problem by simple linear suturing after freshening of the cleft edges and scar excision under general anesthesia(8).Numerous more surgical procedures, including L-plasty, Z-plasty, and others, have been documented with the purpose of correcting ear lobe clefts.(5,9,10,11,12).

According to the majority of research, the overall satisfaction percentage with regard to the aesthetic outcomes of lobuloplasty ranges from 92% to 100%(2).Complications include infection, hypertrophic scarring, and lobule cleft recurrence are exceedingly uncommon, occurring in 0%–33% of cases (13).

We used inverted V incision and vertical mattress suture technique for our case. Patient was advised to use light weight earrings to avoid recurrent ear lobe clefts in future.

CONCLUSION :

The use of a simple inverted V incision and vertical mattress technique for lobuloplasty proved to be a simple and easy daycare procedure with satisfactory outcome. Postoperative counseling for patients regarding re-piercing and low-weight earring usage is mandatory to avoid recurrent clefts.

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