

SURGICAL TREATMENT OF ACUTE CHONDRITIS OF THE EXTERNAL EAR

By MIGUEL ORTICOCHEA, M.D.

*Professor of Plastic Surgery, School of Medicine, Javeriana University,
Bogota, Colombia, South America*

Established acute chondritis of the external ear is a serious condition that does not respond well to the administration of antibiotics or to surgical drainage alone. Unless treated aggressively in the early stages, the residual scar formation and discharging sinuses may make it extremely difficult to correct the final deformity.

It is suggested that early radical excision of the affected cartilage, combined with open drainage of the post-auricular wound and the administration of suitable antibiotics is the treatment of choice.

CASE REPORT

Some 15 days after a face-lift operation, a patient presented with an acute chondritis affecting the left ear. He was in great pain with a very swollen, acutely inflamed ear (Fig. 1, A) with pus discharging from the post-auricular section of the face-lift incision (Fig. 1, B).

An incision was made behind the ear to expose the auricular cartilage (Fig. 2). All the infected cartilage was dissected free from the pre- and post-auricular skin and discarded (Fig. 3). The colour and texture of the affected cartilage made it quite simple to distinguish healthy from diseased tissue.

After removal of the infected cartilage, the post-auricular wound was left unsutured. It was left open to allow free drainage and a simple absorptive dressing was used to absorb the exudate (Fig. 4). A damp cotton swab was also placed in the anterior aspect of the conchal hollow to help preserve its shape (Fig. 5).

Healing of the post-auricular wound was rapid. It may, on occasion, be necessary to remove virtually the whole of the conchal cartilage and even this drastic procedure may leave

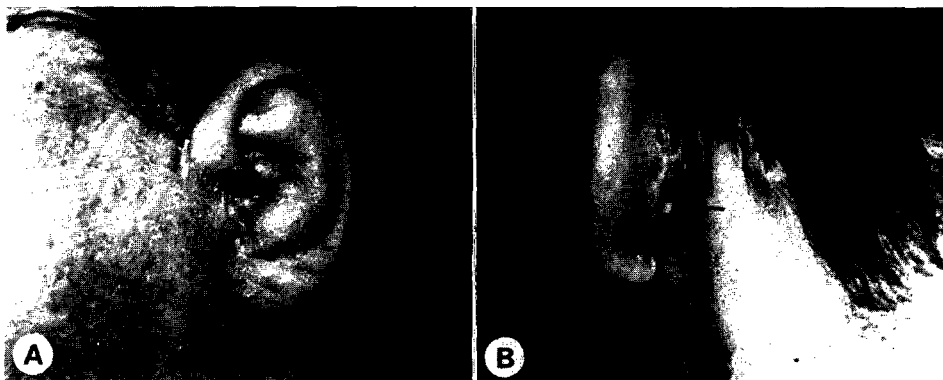


FIG. 1. Established acute chondritis of the left ear two weeks after a face-lift operation.

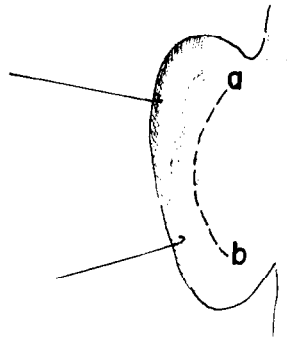


FIG. 2. Post-auricular incision used to expose the infected cartilage.



FIG. 3. View after excision of the necrotic cartilage involving the whole of the concha (A). a-b represents the intact healthy cartilage of the antihelix. c-d indicates the site of the original face-lift incision.



FIG. 4. The infected fragments of cartilage removed from the ear.

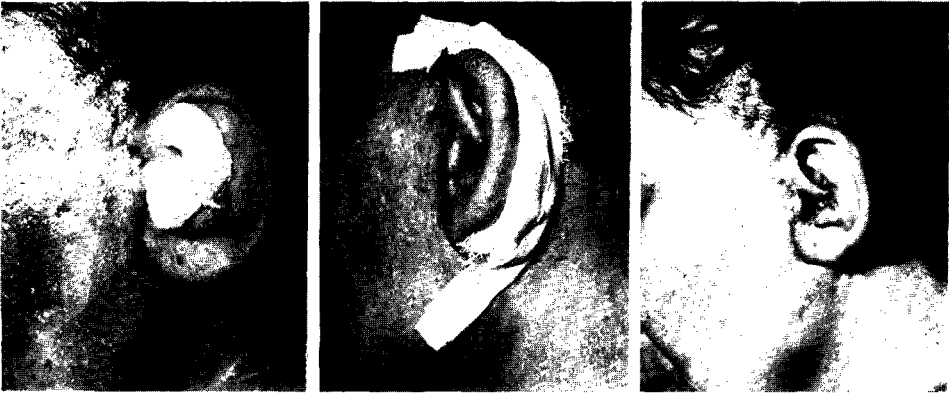


FIG. 5. Pad placed in the anterior conchal hollow to maintain the contour.

FIG. 6. Post-auricular pad to absorb the exudate.

FIG. 7. Final result one month later.

astonishingly little deformity of the external ear. This is in line with our earlier observations following the extensive use of large segments of ear and conchal cartilage in facial and auricular reconstruction (Orticochea, 1971; 1978).

REFERENCES

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