

HAEMATOMA AURIS-THE CAULIFLOWER EAR

Santhosh Vivekanadan, Anukiran R, Arcot Rekha*

Department of General Surgery, SRMC & RI, Porur, Chennai 600 116

Key words: Cauliflower ear, haematoma ear, haematoma auris SRJM 2013;6:30-31

Auricular haematoma is often seen in the external ear of people commonly involved in contact sports. Failure to recognize and drain the haematoma results in infection and deformity.

CASE REPORT 1

A 22 year old gentleman came to the outpatient from a mental asylum with complaints of a swelling on the ear. Further history was not elicitable. Examination revealed the entire ear to be red, shiny, and there was a fluctuant, warm and tender swelling



Fig.1: Shows the haematoma with the inset showing the evaluation.

over the pinna. A diagnosis of haematoma was made. The patient was started on antibiotics (amoxicillin) the haematoma was evacuated (Fig 1) and a pressure dressing was applied.

CASE REPORT 2

A 50 year old gentleman came to the surgical consultation room, with complaints of a swelling over the left ear. The patient recalled no history of trauma, was not involved with physical contact sport of any kind. The only other significant history was that he



Fig. 2: shows haematoma of the ear in the patient was on low dose aspirin for coronary artery disease. There was no warmth or tenderness over the swelling. The swelling was soft and fluctuant (Fig 2). Under antibiotic cover, the haematoma was drained. A bolster dressing with a gauze roll was used. Both patients recovered without any residual deformity.

DISCUSSION

Cauliflower ear or haematoma auris, occurs due to a haematoma arising beneath the perichondrium of the ear. This accumulates between the auricular cartilage and the perichondrium. The haematoma often gets infected and this deprives the cartilage of vascularity and the ischaemic cartilage necroses.^[1] This shriveled deformed cartilage causes the ear to resemble a cauliflower. Commonly seen in wrestlers, boxers, martial arts exponents, rugby players and pugilists, it was earlier considered to be a sign of courage or honour.

In the early medieval times, an association was seen between the inmates of mental asylum and the haematoma auris. The lesions were commonly seen on the left side. Many believed that this happened due to trauma as most guards in these homes were right handed. It can also occur spontaneously or in hypertensive patients with no history of contact sport.^[2]

The arterial supply to the ear comes from the posterior auricular artery, the anterior auricular branch of the superficial temporal artery, and the occipital artery. Veins accompany the named arteries.^[1]

CORRESPONDING AUTHOR

*Dr. ARCOT REKHA

Professor of Surgery
Sri Ramachandra University
Porur, Chennai 600116, India
Email : rekha_a@yahoo.com

The haematoma is drained by an incision made along the natural crease of the ear under local infiltration anaesthesia with 2% lignocaine. The area is irrigated. A small drain may be placed when indicated. Care is taken not to damage the underlying perichondrium. The important detail is the application of a post procedural compression dressing that prevents a recurrence and ensures that the contour of the ear is maintained. Thermoplastic splints, silicone splints and dental rolls are often used to prevent recurrence.^[3,4,5] The important complications that can occur include infection, recurrence, chondritis and scarring (the cauliflower ear).

CONCLUSION

This image is included to create awareness among the general physicians for early recognition and prompt referral to prevent scarring.

REFERENCES

1. Mudry A, Pirsig W. Auricular hematoma and cauliflower deformation of the ear: from art to medicine. *Otol Neurotol* 2009;30:116-20.
2. Giles WC, Iverson KC, King JD, Hill FC, Woody EA, Bouknight AL. Incision and drainage followed by mattress suture repair of auricular hematoma. *Laryngoscope* 2007;117(12):2097-9.
3. Sbaihat AS, Khatatbeh WJ. Treatment of auricular hematoma using dental rolls splints. *J royal med services* 2011;18:22-5.
4. Henderson JM, Salama AR, Blanchaert RH. Management of auricular hematoma using a thermoplastic splint. *Arch Otolaryngol Head Neck Surg* 2000;126:888-90.
5. Lane SE, Rhame GL, Wroble RL. A silicone splint for auricular hematoma. *Physician and Sportsmedicine* 1998;26(9):77-80.