Repair of Enlarged Hole or Cut of Ear Lobule—A New Technique

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Introduction

ENLARGEMENT of the hole in one or both ear lobule in femaies is a very common occurrence in our country due to prolonged use of heavy ear tops, earings and specially hanging type of ear ornaments. The enlargement at times is so great that the ear lobule is bifurcated or about to be so, resulting in consultation of a surgeon if the person is desirous of wearing ornaments in the ear, as most of our female population is.

These cases are normally dealt with by junior surgeons, trainee surgeons, operation room sisters and at times even by senior operating room assistants, who normally under local enaesthesia, just refreshens the margins of the big hole or cut in the ear lobule and stitches it up with silk on either side of the lobule and most patients are quite happy either with a new hole or a small gap at the top of the scar for future use of ornaments. But if cases are followed up, as the author did, the unstable scar soon gives way in course of months and years if heavy ornaments are worn and thus a recurrence of the disability will occur sooner or later unless the patient restricts to using only light and small eartops or other ornaments. Better results are however achieved, if a new hole is made on one side of upper end of the new scar, but at times when one ear-lobule is affected and is repaired, asymmentry will arise and some sophisticated and conscious patients may not like it.

The author thought of a new technique to obviate both of these two draw-backs and has tried it out on about thirty cases in the course of last ten years since 1965 at Medical Hospital Jabalpur, Ahmedabad, Allahabad and Secunderabad and has found the results very satisfactory both from cosmetic point of view and as long lasting effect is concerned. His technique is detailed below.

Technique

Under Xylocaine 2% with adrenaline local infiltration anaesthesia, the edges of the vertical hole are refreshened by a sharp No. 15 BP blade leaving a flap on one side attached to the top of the hole. The flap left is about 5 mm long. Fine (000) silk mounted on a small curved cutting needle is passed through the lower end of the flap (A) and another bite taken through the top of the refreshened edge of hole-opposite the attachment of the flap (B) and stitched it up, thus reconstructing the hole in its original location. A small triangular gap is left

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in the ear lobule with its bifid base on the upper side and the two limbs by the refreshened edges of the hole on either side. This gap is closed by approximation of the two limbs by inturrupted silk stitches on either side of the ear lobule.

A thick No O silk, threaded on a straight cutting needle is passed through the hole left at the top of the newly stitched wound and either ends of the silk knotted to form a silk ear-ring. The wound is covered and sealed by cotton wool soaked in collodium flaxide.

After Care

The patient is forbidden to take head-bath for five days and warned to be careful in avoiding soakage or soiling of the cotton-wool seal, while washing the face for the same number of days. After five days the seal is removed and the silk earring displaced or rotated and rest of stitches from either sides of ear lobule removed. After another five to seven days the silk ring is cut and removed.

The patient is forbidden to use any heavy ornaments specially the hanging type for six to eight weeks but is allowed to wear light ear tops on any special occasions. After 8-10 weeks, when the scar is well consolidated she is allowed to use any ornament in the ear.

Follow up

The author has followed up his cases for 3-5 years and has found satisfactory and gratifying results with practically no recurrence. All of the patients are happy because of the fact that there is no asymmetry if only one ear lobule is repaired and that they can use their old as well as new ear ornaments of any type including heavy hanging types, without further enlargement of the new hole. The resultant scars are hardly visible.

Discussion

The new hole at its original location thus reconstructed, has the flap of skin and subcutaneous tissue at its base instead of the edge of a scar if simply stitched after refreshing the edges of the enlarged hole. This is certainly stronger, more flexible and resilient then the scar itself, which quite often gives way under pressure of the hook of the hanging type of ornaments, thus re-enlarging the hole and often revertion to the original state.

In the author's experience, collodium flaxide is found to by least irritant, much lesser than Tr. Benz. Co, which at times causes local skin reaction and allergic eruptions in the ear lobule, thus jeopardising the results of the operation, besides, causing trouble to the patient which is avoided by use of flaxide collodium.

Lotio savlon, a good antiseptic is better to be avoided for cleaning the new scar before sealing the wound, since some of authors patients in the early part of the study also showed vigorous skin reactions and local allergic manifestation.

Conclusion

A new technique of repair of enlarged,

ongated hole or cut ear lobule in women due mostly to prolonged use of heavy ear ornament by a simple local flap method in which the skin flap forms the floor of the new hole at its original location is described. The follow up studies of about thirty cases over a period 3-5 years in each case has shown long lasting good cosmetic results. From the patients point of view, they are happy due to restoration of the hole in its original location, a painless, hardly visible scar and restoration of their use of heavy ear ornaments even of the hanging type. This technique is a new one, and may be tried out by others to verify the good results,