

Otoplasty

Deformities of the external ear, whether congenital or acquired, can become a source of ridicule leading to poor self-image for a child or adult. Correction of these deformities can greatly improve an individual's self-image.

The most common congenital deformity is Prominent Ears. This is usually the result of a lack of a formed antihelical fold or enlarged prominent conchal bowl. The ear is otherwise complete in its formation. Correction of the deformity involves re-establishing the antihelical fold and rotating or reducing the conchal bowl.

Timing for this reconstructive surgery is ultimately up to the patient and family. Typically surgery is delayed until the majority of ear growth has occurred. Most commonly it is performed on children before starting grade school around the ages of four to five. Adults can also greatly benefit from this procedure. This surgery is done on an outpatient basis.

Other congenital deformities include Constricted Ear (cup or lop ear), in which the helix appears tight or folded, and Cryptotia, in which the upper pole of the ear is buried beneath the scalp. The repair is tailored to the actual deformity and may involve grafting skin and/or cartilage or reconstructing the entire auricle.

The most dramatic congenital ear deformity is Microtia. This may present within a spectrum ranging from complete absence (anotia) up to a small, but complete, ear. This condition is commonly associated with an atretic external canal and also involves the middle ear. This type of reconstruction is accomplished through a multistage approach and generally begins before the child enters school.

Acquired deformities may result from accidental trauma or an underlying condition such as skin cancer. Treatment is tailored to the specific deformity depending upon its extent and the specific auricular tissue that is missing. This can involve the re-arrangement of existing tissue, replacing lost tissue, or complete reconstruction as with microtia. An avulsed ear should be preserved and wrapped in saline-soaked gauze and then placed on ice within a sealed container. On rare occasions the ear can be replanted or the cartilage framework might be used in the reconstruction process.




Northland Plastic Surgery

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ALICIA'S *Story*



Alicia before surgery.

Alicia was brought to our office by her parents for evaluation of her ears. She had begun to feel self-conscious and was being teased by her peers.

She was diagnosed with a severe prominent ear deformity and an otoplasty was performed as an outpatient surgery. She is thrilled with the results.

"I love my new ears!" ~Alicia