

Seroma of the Auricle: Opening New Doors over the Window

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ABSTRACT

Introduction: A new novel technique was used to manage seroma of the auricle as a primary treatment.

Materials and methods: Ten cases of seroma or hematoma auricle was managed using aspiration and splint suturing which added a cosmetic value and also avoided a dressing. All cases were followed up regularly.

Results: Primary aspiration and splint suturing was found to be a simple and effective treatment method for seroma auricle.

Keywords: Seroma, Aspiration, Splint suturing, No dressing.

INTRODUCTION

Seroma of the auricle is an acquired condition due to trauma to the ear, mostly blunt trauma such as in boxers, wrestlers and in many street fights. It is a collection of blood between the auricular cartilage and the perichondrium. Extravasated blood may clot and then organize resulting in deformity of the cartilage as well as the ear.

Usual treatment used to consist of aspiration and compression bandage. But few have stressed the cosmetic impact of the dressing on the patient, as most of the patients tend to remove or manipulate the dressing to avoid social embarrassment. Eventually most of them would return with a recollection of the seroma, leading to a window operation as a second line of management. Ghanem T, Rasamny JK and Park SS¹ have studied cases of recurrent seroma after aspiration and pressure bandage and have stressed the need for an aggressive treatment rather than aspiration drainage. Lee EC, Soliman AM and Kim J² have stressed the necessity of window operation as a primary measure. O'Donnell BP and Eliezri YD³ have also stressed that drainage and removing a piece of cartilage and perichondrium would cure the condition rather simply aspirating the seroma. Many patients were reluctant for the window operation at the first instance as it had to be carried out in the minor operation theatre. Some of them used to prefer for aspiration drainage only to return with a recollection. Some turned up late resulting in deformities of the auricle. So a novel treatment modality was required as a primary treatment as many of the patients were reluctant for a window operation.

MATERIALS AND METHODS

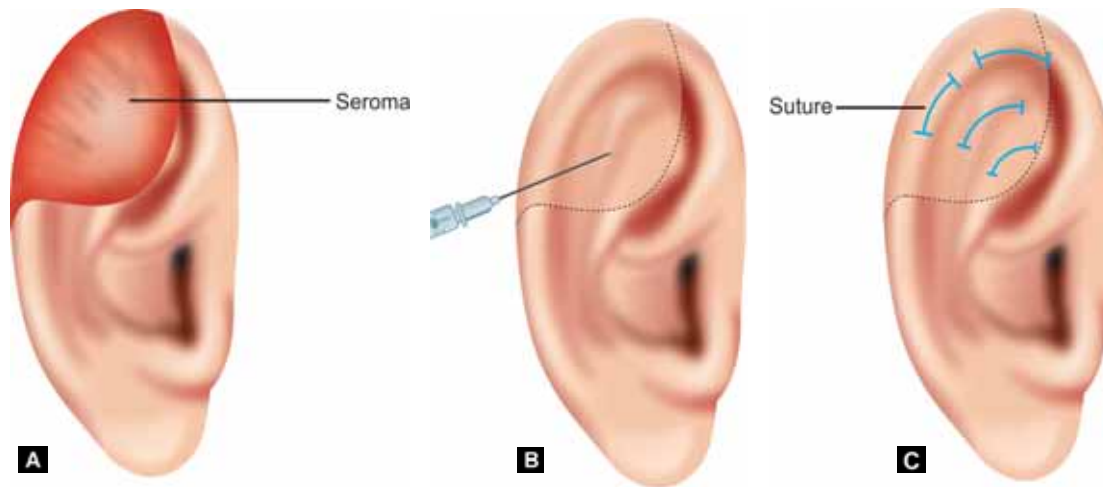
Ten cases of seroma auricle were managed using this simple primary drainage and suturing. First the seroma was drained by aspiration under all aseptic precautions. Then suturing was done using no. 3-0 prolene through the cartilage as shown in Figures 1A to C. Care was taken to place the sutures in the anatomical grooves and lines to minimize scars. Antibiotic ointment was smeared over the sutures and dressing was avoided. Patient was put on antibiotics and anti-inflammatory drugs and advised to follow-up on the 3rd and 5th day. All were strictly instructed to maintain hygiene and asepsis at the operated area. Sutures were removed on 5th day.

RESULTS

All the 10 cases were followed up on the 3rd and 5th day. None of them had any reaccumulation of fluid or any swelling. One patient had edema of the skin, so the sutures were removed on the 3rd day. On 5th day there was no evidence of any further swelling. Two patients had slight thickening of the aural skin on the 5th day which returned to normal on the 10th postoperative day.

DISCUSSION

Seroma of the auricle is a benign simple condition of the auricle, often neglected by the patients only to end up with a deformed ear. A preliminary early effective management of this condition is all that is required which would not only



Figs 1A to C: (A) Seroma, (B) Aspiration, (C) Splint suturing

treat but also avoid the sequel of the condition. Since the window operation was not preferred by the patients as a primary treatment option, a new technique was needed which would be simple but effective and could be carried out in the opd chair itself.

The 'primary aspiration and splint suturing' as advocated in this article is a simple and effective technique for the management of an auricular seroma. The avoidance of the dressing has been a positive factor in this technique as it

avoids social embarrassment. Further advantages are that the procedure can be done on OPD basis.

REFERENCES

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Editorial Inputs

Gauri Mankekar

There are many different ways to manage auricular seromas. I have dealt with several over the years. The important lesson

I have learnt is not to aspirate the seroma in OPD to prevent infecting the auricular cartilage.