Pseudocyst of the Auricle- A New Method of Treatment

Ravi Ramalingam Consultant **K. K. Ramalingam**, Senior Consultant
Ramesh Menon Resident

K. K. R. E. N.T Hospital and Research Institute, 827, Poonamallee High Road
Madras 600 010

Abstract

Pseudocyst of the auricle is a rare condition and is hardly encountered in routine ENT practice. There have been only about 200 of these cases reported in world literature. The etiology remains obscure and the treatment modalities uncertain. The authors present their series of 15 cases and review the available literature on this condition. A new and completely successful method of treatment is also presented.

Pseudocyst of the auricle is an asymptomatic non-inflammatory cystic swelling that typically involves the scaphoid fossa, triangular fossa of the anti helix and the cymba concha (Cohen et al, 1991). The condition is rare and only 200 cases have been reported worldwide (Gonzalez et al, 1993). The Chinese males have consistently showed a high incidence of this condition (Artakoz et al, 1992). The condition has high incidence of recurrence following inadequate or inappropriate treatment.

This study done by the authors at the K. K. R. ENT Hospital and Research Institute, aims at introducing a simple and highly efficient means of treatment of this rare entity.

Materials and Methods

15 cases of pseudocyst of the auricle were seen in the outpatient department of the K. K. R. ENT Hospital and Research Institute, Madras over a period of 5 years (1991-1996). All the patients were male and ranged between 20 to 40 years in age. Of the 15 cases, 14 were unilateral and 1 was bilateral. The most common presenting feature included a spontaneous painless swelling

in the scaphoid fossa and triangular fossa of the anti helix and cymba concha of varying duration ranging from 2 days to 3 months.

None of the patients gave any history of trauma or bleeding diathesis. All the patients underwent a detailed clinical examination and a routine haematological examination. Of the 15 patients, 8 already had undergone some form of treatment elsewhere. Of these 8 patients, 5 had a needle aspiration which was followed by intralesional steroid injection, 2 of them only had a needle aspiration, and 1 had a needle aspiration and intralesional injection of hyalase. In all these 8 patients there was recurrence for which treatment was sought at our institute. The swelling was incised under aseptic precautions in the O.P.D at the most dependent portion of the swelling and the serous fluid evacuated. This is followed by insertion of a specially designed drainage tube shaped like a grommet. The drainage tube was made in our hospital using plastic I. V. tubing heated and shaped to resemble a large myringotomy tube. The drainage tube was kept in place and patient were reviewed on alternate days till the discharge stopped completely and the tube was subsequently removed. The specific period of tube placement ranged from 1 to 2 weeks and serves the function

of drainage of fluid that may be formed subsequently or that was left behind at the incision drainage. Local dressing was

Fig 1: pseudocyst of the auricle.

done daily for 2 days following which the drainage tube was left uncovered. Prophylactic antibiotics were given to patients to prevent any possible perichondritis, which included broad spectrum antibiotics and gentamycin.

Results

All the 15 patients who underwent this form of treatment had the drainage tube in place for a period which ranged from 1 week to 15 days. The patients were reviewed on alternate days and the auricle checked for signs of persisting collection or discharge. This was accomplished by gentle digital pressure starting from the upper margin of the swelling and gradually moving down to wards the drainage tube. The drainage tube was removed when there was no discharge present on two consecutive visits to the hospital.

14 patients were completely relieved by this procedure. In the one remaining patient there was recurrence which manifested itself on second day after the removal of the tube. This patient was subsequently fitted with another

tube and the swelling settled down permanently within two weeks.

No complications were noted. There was no perichondritis or disfigurement of pinna. Patients were followed up for a minimum period of 3 months during which time they remained free of recurrence. There is complete relief within 15 days and the end result was completely normal looking auricle with no scarring or recurrence.

Discussion

The present study has aimed to introduce a simple and highly efficient mode of treatment for this rare condition. Various methods have been described by different authors. The most commonly employed treatment is non surgical including aspiration of fluid followed by injection of various substances like steroids (Juan 1994), 50% Trichloro acetic acid (Cohen et al 1991), Triamcinolone (Young 1991) etc. However the results of this method is variable and often result in recurrences or auricular deformity (Miyamoto et al 1994). Surgical methods of treatment have also been described (Harder et al, Hoffman et al, 1993). However

Fig 2 : Drainage tube in place.

these reports have been isolated and not widely accepted. The treatment method described in this study is simple, performed as an outpatient procedure and has been completely successful

in all the patients it has been used on. The patients do not complain of any pain or discomfort. On the basis of the result of this study the authors would like to conclude that this method should be considered the treatment of choice of this rare condition.

References

1. Cohen, P. R., Katz, B. E. (1991) : *Pseudocyst of the auricle: successful treatment with trichloroacetic acid and button bolsters*, *J-Dermatol-Surg-Oncol* ; 17 (3) : 255-8
2. Gonzalez-M ; Raton -JA ; Manzano-D ; Zabala-R ; Landa-N ; Diaz-Perez-JL. (1993) : *Pseudocyst of the ear. Report of three cases*. *Acta-Derm-Venereol*. 73 (3) : 212-3
3. Artakoz-del-Toro-JJ ; Pons-Rocher-F; Vendrell-Marques - JB; Dalmau-galofre-J; Faubel-Serra-M; Campos-Dana-JJ. (1992) ; *Auricular pseudocyst*. *An-Otorrinolaringol-Ibero-AM*; 19(2) : 123-30
4. Juna-KHJ. (1994) : *Pseudocyst of the auricle : steroid therapy*. *Auris-Nasus-Larynx*. 21(1) : 8-12.
5. Young-WK. (1991) : *pseudocyst of the auricle ; letter ; comment* *Arch-Otolaryngol-Head-neck-Surg*. 117 93) : 341
6. Miyamoto-H ; Oida-M; Onuma-S ; Uchiyama-M. (1994) : *Steroid injection therapy for pseudocyst of the auricle*. *Acta-Derm-Venerol*. 74 (2) : 140-2.
7. Harder-MK ; Zachary-CB. (1993) : *pseudocyst of the ear. Surgical treatment*. *J-Dermatol-Surg-Oncol*. 19 (6) : 585 -8.
8. Hoffmann-TJ; Richardsun-TF ; jacobs-RJ ; Torres-A (1993) *pseudocyst of the auricle*, *J-Dermatol-Surg-Oncol*. 19 (3) : 259-62.

Corrigendum

Please read the name of the Author of the article 'Benign Fibrous Histiocytoma of the Maxillary Sinus, Published in Jan - March issue 1998 (Vol 50. No - 1) as Alope Bose Majumder in place of Mangal Singh. Editor is extremely Sorry for this mistake and beg to be excused.