CONGENITAL EAR
CONDITIONS
Protruding Auricles
Protruding auricle patterns. 1: Deep conchal bowl cartilage. 2: “Lop” ear due to fold-over of antihelical ridge. 3: Poor antihelical formation. 4: “Wing” ear, due to excessive size.
Bilateral protruding auricles due to deep conchal bowls. This causes the otherwise normally shaped pinna to stand away from the skull.
Deep conchal bowl. The auricle is otherwise well developed.
Contralateral ear of prior frame showing similar features. 
Correct by excision of the deep conchal bowl cartilage.
Deep conchal bowl causing protrusion. Mild underdevelopment of the superior crus of the antihelix (arrowed).
Contralateral ear of frame 4, showing a similar deep conchal bowl but better antihelical development.
Protrusions due to the common combination of deep conchal bowls in association with poor superior crus development of the antihelical ridge. Adenoidal patient.
Asymmetrical protrusions. On the left a deep conchal bowl predominates. The right ear shows poor antihelical formation that aggravates the protrusion.
Bilateral combined deep conchal bowls and poor antihelical development.
Lateral aspect showing the deep bowl and underdeveloped superior crus.
Contralateral ear, deeper bowl, poor superior crus prominence.
“Lop” ear due to severe folding of the antihelical ridge at 9 o’clock, combined with a deep conchal bowl. Difficult to correct surgically.
Right “lop” ear, anterior view. Deep conchal bowl on the left side.
Detail of the previous frame demonstrating the severe fold-over effect.
“Wing” ears. Deep conchal bowls with protrusion exacerbated by excessive development of the pinna between the antihelix and helical rim.
Lateral view, showing the excessive cartilage depth.
Postero-lateral view showing the extent of protrusion and the depth of the bowl cartilage.