CONGENITAL EAR DEFORMITIES
Auricular Aspects
Pre-auricular pit in the superior root of the helix. Clinically unimportant.
Pre-auricular pit. No evidence of infection.
Pre-auricular sinus. A deeper extension has become infected and may require future excision if recurrent.
Severe pre-auricular sinus infection. The pit evident in the root of the helix has deeper ramifications, acutely infected, forming an abscess mass.
Detail of the previous case. Pointing abscess on the verge of rupture. Drain without deep incisions (VII). Excise the sinus tract when inflammation and oedema have cleared.
Anterior aspect of previous case.
Pre-auricular sinus abscess. The sinus has deep ramifications antero-inferiorly and also into the cymba conchae, forming an abscess mass. Excision may require a VII monitor.
Post-excision of a deep sinus tract.
Pre-auricular pit and a subtle pre-auricular thickening suggestive of a minimal rudiment.
Typical minor pre-auricular rudiment. Not clinically significant.
Typical minimal pre-auricular rudiment.
Double minor pre-auricular rudiments.
Small skin tag anterior to the tragus. No cartilage component. Ligate or excise if requested.
Small tragal rudiment. Possible cartilage content.
Tiny skin tag anterior to the left auricle.
Pedunculated pre-auricular skin tag, concurrent helical pit. Excise the former without deep incisions.
A larger and unsightly skin and cartilage tragal rudiment.
A substantial skin/cartilage tragal tag in the root of the helix.
Normal EAC.
Substantial sessile lobe rudiment.
Tiny earlobe rudiment, subtly bifid lobe.
Small rudiment on a bifid earlobe.
Under-developed and slightly bifid earlobe. Recent perforated acute otitis media.
Bifid earlobe with an attached rudiment.
Marked bifurcation of the earlobe. Otherwise normal.
An unusual aberration of the superior crus of the antihelix. Hearing normal.
Similar antihelical abnormality to the previous case.
Atypical division of the cymba cochae from the lower conchal bowl due to an aberrant bar of cartilage in the bowl.
Failure of development of the superior crus of the antihelix. Concurrent pre-auricular pit.
Failed development of the superior crus of the antihelix.
Combined mild helical irregularity and failed superior antihelical crus. A small pre-auricular rudiment is present.
Grade 1 significant aberrant development of the helical rim and other auricular cartilage aspects. EAC atresia, pre-auricular pit and small rudiment present.
Grade 2 noticeable auricular deformity, plus canal atresia.
Combined moderate helical deformity (Grade 2) and dual pre-auricular rudiments.
Grade 2 moderate deformity, pinhole EAC, small skin tag.
Grade 3 loss of auricular structural contents, EAC atresia.
Grade 3 under-developed upper auricle. Lobe intact.
Grade 3 multiple aberrations but adequate overall auricular shape.
Details of prior case, lateral view.
Advanced auricular deformity, but with salvageable elements (earlobe, much of the helical rim), should microtia repair be considered.
Grade 3 deformity. Helix present, loss of most other auricle components.
Grade 3 deformity, similar to previous case.
Grade 3-4 severe deformity with only partial components remaining.
Grade 4 microtia. Rudimentary auricular elements only.
Classic grade 4 “E-shape“ deformity. Combined first and second arch abnormalities. EAC atresia, probable gross middle ear deformity.
Subtotal auricular developmental failure, canal atresia. Greater risk of inner ear deformity. Common in Goldenhar’s or other advanced syndromal problems.