

EXTERNAL CANAL EXOSTOSES

{SURFER'S EAR}

The external ear canal has very thin skin, overlying cartilage superficially and bone in the deeper half. Bone reacts when chilled by cold water, thickening, and in the canal this results in the development of rounded bony swellings termed [Exostoses](#).



Exostoses of the External Canal: Persistent blockage.

Characteristics

Exostoses are very slow growing benign bony masses, usually two larger protrusions in the lower canal, and smaller pea-shaped variants on the canal roof, close to the drum. They are not malignant, and the only adverse aspect is blockage of the deeper canal with ongoing exposure to further cold stimuli. Growth evidently ceases if the cold water is avoided.

Continued growth however, gradually occludes the canal, particularly if associated with wax deposits that may fill the slit between the swellings. The patient notices increasing difficulty clearing water from the ear after swimming, perhaps with prolonged period of deafness and even external canal infection.

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Other Locations

Beenleigh

Sunnybank

Mt Ommaney

Caboolture

When examined, the canal occlusion is readily evident. A substantial hearing loss may be present if closure is complete or if debris is trapped between the drum and the overlying obstructions.

Treatment

Surgical removal is indicated if the occlusion is troublesome. In the past, an incision behind the ear has been the common technique, but removal entirely via the ear canal itself is now the preferred method. This involves carefully lifting the skin off the bone, which is then drilled away and the skin replaced. The key requirement of the surgery is to retain the skin in good condition; its loss prolongs the recovery period and may lead to infection. In skilled hands healing is complete 4-5 weeks after surgery, and surfing is then possible without risk.

More information

- Exostoses
 - [Multiple](#)
 - [Solitary](#)

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