NEURODERMATITIS
(ECZEMA, LICHEN SIMPLEX CHRONICUS)

Not uncommonly, the external ear canal and pinna may become pruritic (itchy), due to retained wax and moisture, perhaps with mild infection. As in other parts of the body, the itch provokes rubbing or scratching in an effort to relieve the symptom.

The ear is unlike other body structure; its lining is delicate skin overlying relatively firm or hard cartilage or bone. The skin is thus easily damaged by mild trauma, and this predisposes to further itch; a cycle of events is initiated. Sufferers may awake to find themselves rubbing at the site, and the problem may become bilateral. Poor hygiene or tobacco tars from smoking may exacerbate the tissue reactions.

Characteristics

The results of the chronic self-trauma are characteristic. The bowl of the ear becomes reddened and swollen (Inherited Conditions), with hard scaling dead skin that is highly irritating and which leads to further trauma during attempts to remove this. Cracking and infection result, especially just above the canal entrance (Pinna). A watery discharge is often noted, more in the morning. Acute infection episodes may occur. The external canal lumen is often narrowed by swelling, trapping infected debris deep in the canal.
Treatment

The important start to treatment is to stop the habitual trauma. The sufferer will be specifically counselled with regards the cause and effect, and instructed to take appropriate measures to prevent further rubbing and scratching. This may be difficult; treatment will target the itch from the beginning.

Another immediate treatment aims to eliminate the problem of the irritating and scaling dead skin (exfoliation). This is best removed by soaking the scale for several minutes, then gently scouring the site with a fine cloth, peeling away the debris back to live skin. A steroid ointment is applied to eliminate further itch. Without trauma the skin will recover rapidly. The superficial cleaning is accompanied by thorough canal cleaning and a steroid wick, with antibiotics included if infection is present.

The thorough cleaning and steroid application may be supplemented by patient-administered topical steroid ointment and drops as required, should further itch occur, to head off further trauma. Nonetheless, the cure is in the patient's hands, so to speak.

More information

- Neurodermatitis