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ORIGINAL ARTICLE

NON ABSORBABLE INTERMITTENT MATTRESS SUTURES IN THE MANAGEMENT OF AURICULAR HAEMATOMA

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ABSTRACT: Auricular haematoma of pinna usually occurs secondary to trauma. If left untreated usually result in a deformity known as cauliflower ear. Various treatments are employed so as to produce the best cosmetic results. The aim of this article was to evaluate the outcome and complications of the treatment of auricular haematoma using non-absorbable 3-0 prolene intermittent sutures. This study has been performed upon eight patients presented with auricular haematoma at tertiary center, Govt. ENT Hospital, Koti, Hyderabad between August 2013 to August 2014. Follow up was continued for 6 months. The commonest cause behind auricular haematoma was personal insult. It was found that incision and drainage followed by suturing with non-absorbable intermittent mattress sutures appear to be simple, well tolerated and excellent method in treatment and preventing re-accumulation of auricular haematoma and to avoid ear deformity (Cauliflower ear).

KEYWORDS: Auricular haematoma, Cauliflower ear.

INTRODUCTION: Auricular haematoma is a collection of blood between auricular cartilage and perichondrium.[1] Ear pinna comprises of cartilage covered by perichondrium, subcutaneous tissue and skin. The anterior skin is closely fixed and firmly adherent to the underline cartilage, while posterior skin is separated from the cartilage by muscle, fat and areolartissue and loosely fixed to cartilage. So, trauma to pinna result in accumulation of blood on the anterior aspect of pinna.[2] Auricular haematoma is commonly associated with trauma, most commonly among wrestlers, boxers, football and rugby players, and judo athelets.[3] It can occur spontaneously.[4] If auricular haematoma is not treated properly it may lead to cauliflower ear.[5] Proper management is aimed at restoring normal appearance of the ear, this can only be achieved if perichondritis and re-accumulation of haematoma are avoided.[6] Various treatments for successful outcome of haematoma auris have been done, including aspiration,[7] anterior incision, fenestration of cartilage and evacuation,[8] posterior incision, fenestration of cartilage and evacuation,[9] tie over dressings, various tie through dressings,[10,11] silicon splints, passive drainage,[12] suction drainage,[13] leonard buttons.[14]

AIM: Aim of the article was to evaluate the outcome and complications of the treatment of auricular haematoma with incision and drainage and applying non-absorbable 3-0 prolene intermittent mattress sutures.

MANAGEMENT: This study has been performed upon eight patients presented with auricular haematoma at tertiary center during the period August 2013 to August 2014 after taking good history from each patient regarding age, sex, cause and duration of injury, after excluding bleeding

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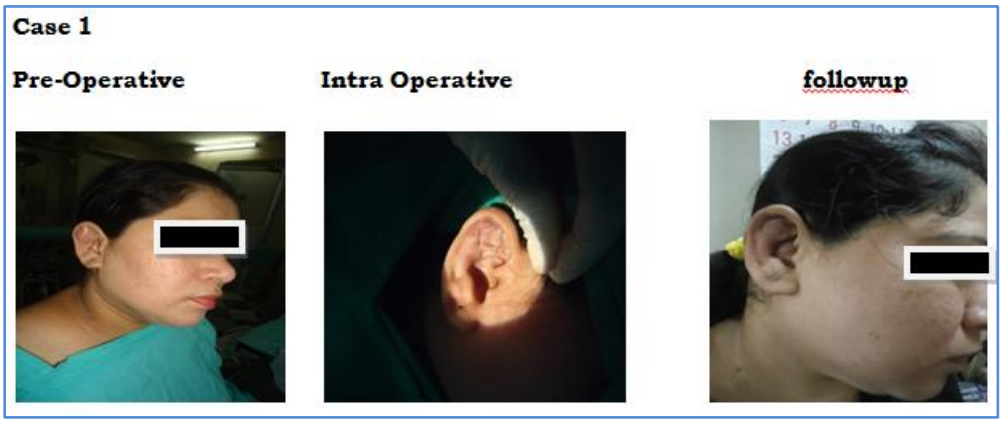
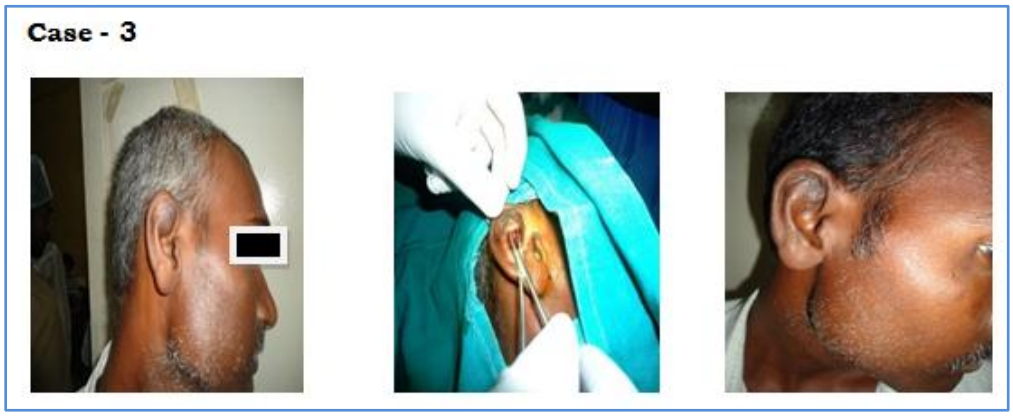
disorders, routine hematological investigations were done. After discussing with the patient regarding the outcomes of the procedure consent was taken. All the cases were done under Local anesthesia. Auricle is prepared under strict aseptic conditions, and anesthetised with 1 in 2 lakhs lidocaine, adrenaline like postaural approach for doing tympanoplasty. Anterior incision was made in natural skin crease at dependent zones like cymba concha, cavum concha, and triangular fossa depending on the site of haematoma. After evacuation of haematoma and copius irrigation, the skin flap was replaced in anatomical position. Non-absorbable 3-0 prolene intermittent mattress sutures applied and dressing done. Patient kept on oral antibiotics and analgesics. The sutures were removed on 8th post-operative day. Follow up was continued next 6 months by regular intervals for infection, recurrence and deformity. In our study infection, recurrence and deformity are found to be zero.





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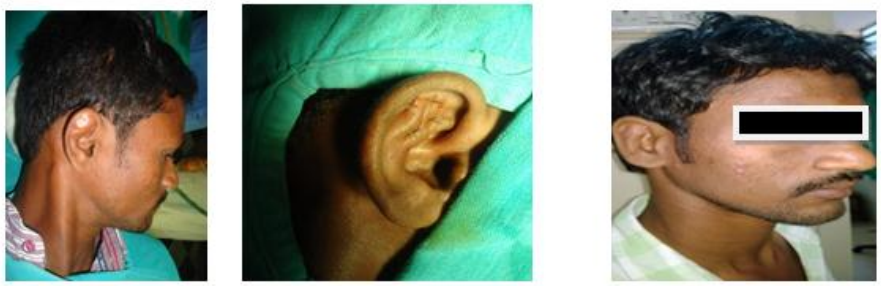
Case -4

Case -5



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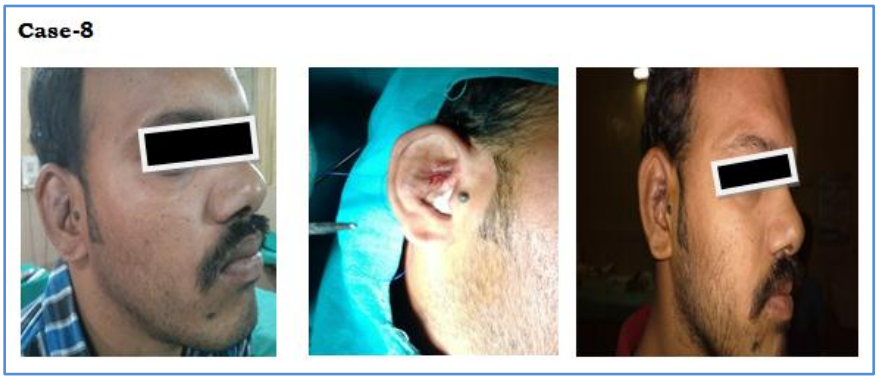

CONCLUSION: Incision drainage followed by non-absorbable 3-0 prolene intermittent mattress suturing appears to be simple, well tolerated, safe and cost effective, less time consuming, patient compliant with 100% success rate and excellent method in treatment and preventing re-accumulation of auricular haematoma to avoid ear deformity (Cauliflower ear).

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