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Otoplasty Morbidity

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ABSTRACT

Background: Auricular deformities, specifically prominent ears are relatively frequent. Although the physiologic consequences are negligible, the aesthetic and psychological impact on a child ' s self-image can be substantial. The purpose of our study was to examine the post-operative morbidity of otoplasty, analyse the revision rate and identify, if possible, a gold standard procedure. Methods: Retrospective analysis of the results of 104 operations for correction of prominent ears in 24 months that were performed in one NHSHospitalinLondon,UK. Complications were recorded and analysed. Cases requiring revision were reviewed further, according to technique, seniority of Surgeon and whether a trainee was supervised or not. Results: Of 104 patients, 57 were male and 47 were female. Age ranged from4to 60 years. Peak incidence for the primary operation was identified in the early adolescence for both sexes. Total skeletonisation of the cartilage was used in 26 patients (25%). The anterior scoring technique was used in 76 patients (73%). Cartilage holding sutures were used in 52 patients (50%). Complications were recorded in 32 patients, while 11 patients had more than one complications. There was no significant difference in the complication rate between the most popular methods. (Anterior scoring with or without holding sutures, not including Mustardé type, versus total cartilage skeletonisation technique). Conclusion: The multitude of different approaches indicates that there is not clearly definitive technique for correcting prominent ears. It is preferable that the surgeon is comfortable with multiple techniques (to tailor the correction to each individual patient and deformity).

KEYWORDS

Otoplasty; Revision Rate; Complication Rate; Otoplasty Fascia Flap

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