

## Surgical Treatment of Suppurative Chondritis, Limited *versus* Radical Chondrectomy

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### Abstract

<b>Background</b>	Suppurative chondritis of auricle due to burn injury is a devastating complication which usually results in deformed shrunken ugly ear in spite of many modalities for treatment.
<b>Objectives</b>	To document clinical nature of the injury, the results of various methods of treatment, and to recommend the management protocol of chondritis of burned ear.
<b>Methods</b>	From Nov. 1998 to Nov. 2010 a prospective study performed on 100 patients 110 ears in Hilla Teaching General Hospital, Al-Kindy Teaching General Hospital on surgical treatment of suppurative chondritis. All cases were due to flame burn, and all were given prophylactic systemic antibiotics.
<b>Results</b>	Forty six of patients were males (46%), 54 females (54%), ages ranged from 1 year 35 years with mean 24years, partial thickness burn 80 patients (80%), full thickness burn 20 patients (20%) . Patients treated in three groups; the first group 20 ear (18%), treated by only stab wound drainage which resulted in 100% recurrence, the second group 20 ears (18%) treated by limited wound excision which resulted in 85% recurrence, the third group 70 ears (64%) treated by radical wound excision which resulted in 10% recurrence, total loss of auricle occurred in 10%, moderate deformity occurred in 80% of ears, mild deformity resulted in 10% of ears.
<b>Conclusion</b>	Surgical treatment of Suppurative chondritis gives superior results by radical excision.
<b>Key words</b>	Chondritis, Suppurative chondritis, Burned ears, Radical chondrectomy, Deformed ear.

### Introduction

The blood supply of the cartilage of the external ear is poor, should it becomes infected, and it quickly liquefies<sup>(1)</sup>. Some authors mentioned that the cartilage has no intrinsic blood supply and thus has the potential to develop chondritis<sup>(2)</sup>.

Burns of the ears could be partial thickness which usually heal with little or no deformity, or full thickness which lead to exposure of the underlying cartilage leading to desiccation and focal necrosis, but the majority of those patients don't develop chondritis.

Early treatment of burn is essential to avoid disablement<sup>(3)</sup>.

The key and most important factor in treating ear burns is to prevent the development of suppurative chondritis because it's exceedingly painful and difficult to eradicate and require surgical treatment and the result is shrunken, misshapen ear<sup>(2)</sup>.

Prevention is the key, as the treatment of an established infection frequently leads to disastrous consequences<sup>(4)</sup>.

1. Avoidance of pressure on the injured ear by avoiding usage of pillows and dressing and the only dressing applied to the pinna should be antibiotic cream<sup>(5)</sup>. If necessary foam can be placed around the pinna to further prevent pressure. Specific head gear can be fashioned to