CASE PRESENTATION

A 28-year-old man presented with right ear pain associated with swelling and deformity for 9 hours following an assault. On examination, the right pinna was swollen and red (Figure 1). The swelling was tender, warm, and soft on palpation. A diagnosis of pinna hematoma was made, and the hematoma was drained immediately. Postdrainage, the patient was started on parenteral antibiotics, and compression bandages were applied for a week (Figure 2). He recovered with minimal deformity of the pinna and was asymptomatic at 4-month follow-up.

DISCUSSION

Pinna auricular hematoma, also called boxers ear, is an acquired deformity of the pinna, most commonly caused by a blunt trauma to the ear.1 The cartilage of the ear derives its blood supply from the skin. When this skin gets pulled up because of accumulation of blood or clots following trauma, the cartilage is deprived of nutrition and dies. The ear cartilage contracts and shrivels, giving the appearance of a cauliflower. This appearance is permanent once the cartilage death occurs.2 It is commonly seen in wrestlers, boxers, and martial artists, and therefore it is also called boxers ear or wrestlers ear.

Patients present with pain, bruising, swelling, and deformity of the pinna. Immediate drainage of the hematoma, either via a large bore needle for small accumulations or an incision for large accumulations, will reestablish the connection of the skin to the underlying cartilage; and reducing the inflammation is the treatment of choice. This procedure should be carried out in the Emergency Department. Postdrainage antibiotics and compressive bandages are applied.1 The prognosis is good (and little deformity occurs) if the hematoma is drained early. Recurrence of the hematoma is common; therefore, close follow-up for at least 7 to 10 days and a referral to an otolaryngologist are recommended.2 The condition usually resolves within 2 weeks; however, a delay in the diagnosis or treatment can lead to more serious deformities that require plastic surgery repair.1,2

Disclosure Statement

The author(s) have no conflicts of interest to disclose.

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References


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