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Auricle reconstruction without microscopic surgery after traumatic amputation due to human bite. Two successful cases by using a pocket technique

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Background: Traumatic auricular amputation due to human bite is not a common event. Nonetheless, it constitutes a difficult challenge for the reconstructive surgeon. Microsurgery can be performed in some cases, but most microsurgical techniques are complex and their use can only be advocated in very specialized centers. Replantation of a severed ear without microsurgery can be a safe alternative as long as a proper technique is selected. Simple saturation is doomed to failure.

Methods: We present two cases, one of a big partial (about 40%) and one of a total traumatic auricular amputation, both caused by human bites, which were successfully managed in our Departments. The technique of ear reattachment as a composite graft, with partial burial of the amputated part in a pocket of the retro auricular region, as first described by Baudet, was followed in both cases.

Results And Discussion: Traumatic ear amputation (TEA) is a complete avulsion of a part or of the total auricular tissue. TEA are rare (only 74 cases have been described in the literature) and their handling is complex. The prementioned technique is described in detail, along with the postoperative management and outcome of the patients. In addition, a brief review of the international literature regarding ear replantation is performed. The patients were satisfied with the results and after 24 years follow-up both results were stable and well received by the patients and their relatives.

Conclusion: The Baudet technique has been used successfully in two cases of traumatic ear amputation due to human bites. It is a simple technique, without the need for microsurgery, and produces excellent aesthetic results, while preserving all neighboring tissues in case of failure with subsequent need for another operation. Traumatic earpinna amputation (TEA) is a complete avulsion of a part or of the total auricular

tissue. TEA are rare (only 74 cases have been described in the literature). The surgeon's objective is to obtain the best cosmetic result without demolishing the auricular area in order to allow future ear reconstruction in case of replantation failure. Many techniques of ear replantation have been described in the literature during the last 30 years: microsurgical replantation, pocket techniques and reattachment techniques. Microsurgical replantation should be sought and achieved every time, it is possible. When it is not possible, the surgeon can choose between ear reattachment and a pocket technique according to two clinical features: the size of the amputated part and the involvement of the ear lobe. Ear reattachment can be achieved when the amputated part is smaller than 15 mm or when amputation involves the earlobe. Pocket techniques, which are appropriate for the replantation of the auricular cartilage, can be used when the amputated part is bigger than 15 mm and does not comprise the earlobe. The surgeon's objective is to obtain the best cosmetic result without demolishing the auricular area in order to allow future ear reconstruction in case of replantation failure. Many techniques of ear replantation have been described in the literature during the last 30 years: microsurgical replantation, pocket techniques and reattachment techniques. Microsurgical replantation should be tried every time it is possible. When it is not possible, the surgeon can choose between ear reattachment and a pocket technique according to two clinical features: the size of the amputated part and the involvement of the ear lobe. Ear reattachment can be achieved when the amputated part is smaller than 15 mm long or when amputation involves the earlobe. Pocket techniques, which are appropriate for the replantation of the auricular cartilage, can be used when the amputated part is bigger than 15 mm and does not comprise the earlobe.

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