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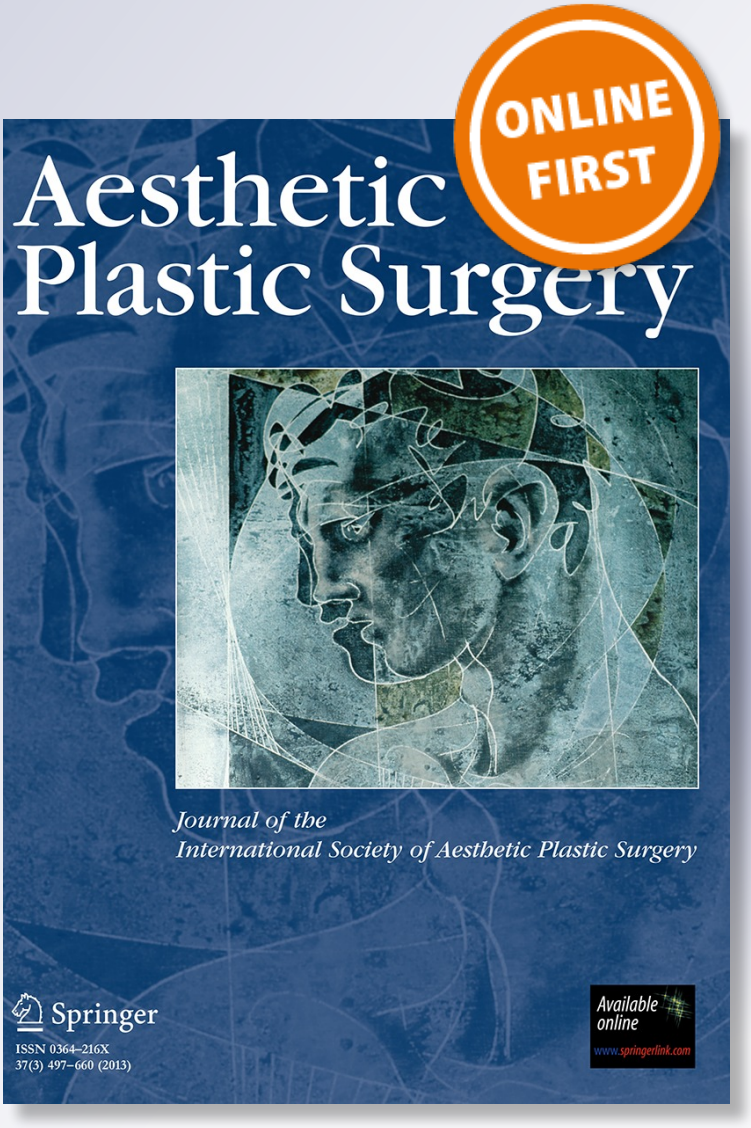

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LETTER TO THE EDITOR AESTHETIC

Reduction of Antitragal Projection as an Adjunct to Correction of Prominent Ears

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Prominent ears are relatively common. This deformity is caused by underdevelopment of the antihelical fold, possibly combined with overdevelopment of the conchal wall [1]. Otoplasty is extremely beneficial in terms of alleviating psychosocial problems and improving social integration.

Many techniques have been developed for the correction of prominent ears. We routinely perform anterior scoring of the ear cartilage, as described by Chongchet [2]. We have used this technique in the last 15 years, considering it a safe procedure, with good aesthetic results. Residual prominence of the inferior third of the ear is a well-described complication, occurring with any technique [3].

Using the Chongchet [2] technique, a medially based cartilage flap corresponding to the upper two thirds of the auricular cartilage is harvested, and the anterior part of it then is scored. The lower third of the auricular cartilage containing the antitragus and part of the concha usually is not included in this flap and maintains the same initial shape. A residual antitragal projection at the end of the otoplasty procedure may have an influence on the earlobe prominence as well.

At the end of the Chongchet ear setback, if the lower third harmonizes with the remainder of the ear, there is no need to deal with the antitragus. If the lower third of the ear still is prominent, a triangle of conchal cartilage is excised to interrupt the conchal pillar that supports the antitragus (Fig. 1). This maneuver leads to its collapse and reduces the earlobe prominence as well.

In a series of 72 bilateral prominent ear corrections, we have performed an antitragal reduction for 26 patients. During a mean follow-up period of 1 year, patients have shown satisfactory results, with no residual prominence of the lower third of the ear (Figs. 2 and 3).

As stated, the lower third of the ear includes the tail of the helix, the lower aspect of the concha, the lobule, and the antitragus. Different authors have focused their attention on the tail of the helix during otoplasty. Goulian and Conway [4] advocated a correct approximation of the helical tail to the conchal rim. Webster [5] emphasized trimming of the helical tail if it is excessively large.

Based on the anatomic link between the antitragus, the lower part of the concha, and the lobule, we have proposed a method to obtain a less prominent antitragus. No report in the recent literature describes such a method. Our refinement to the classic Chongchet technique for prominent ear correction can be considered safe, easy, and quick (adding <5 min to the standard procedure time), providing reproducible results for this peculiar issue.

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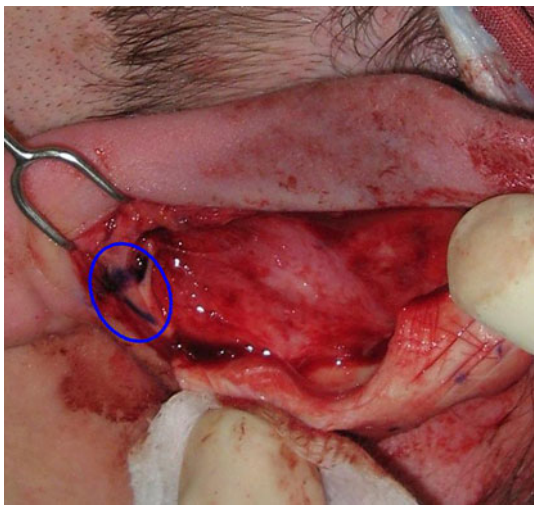

Fig. 1 Cartilage triangle to be excised. It can be exposed with a double-hook retractor

Fig. 2 Patient with prominent ears. Note the prominence of the inferior third

Fig. 3 The same patient at a 1-year follow-up assessment after Chongchet otoplasty with reduction of the antitragus. No residual prominence of the lower third of the ears was present

Conflict of interest None.

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