

How to Avoid Postauricular Suture Extrusion In Otoplasty

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Abstract

Background: The Mustardé technique has been criticized because of a high incidence of postauricular suture extrusion. The nonabsorbable suture creates undulation at postauricular skin that retains dirtiness and may promote skin maceration. The objective is to present a technique of grafting different tissues between Mustardé sutures and postauricular skin in order to avoid suture extrusion.

Methods: Only patients with antihelix malformation were included in this study. All the otoplasties were performed by the author and had sutures placed with 4-0 nylon. The study compared two Groups. Control Group - From April of 2006 to July of 2009, 50 patients (35 male and 15 female) had otoplasties. There were 47 bilateral and three unilateral procedures (97 ears). Length of follow-up ranged from 6 to 18 months (median-12). Graft Group - From August of 2009 to December of 2011, 62 patients (38 male and 24 female) had otoplasties. There were 60 bilateral and two unilateral procedures (122 ears). Length of follow-up ranged from 4 to 17 months (median-9.5). Three different tissues were inserted between the nylon suture and the postauricular skin: in 55 patients cartilage graft obtained from conchal reduction was inserted; in 4 patients fat graft was inserted; in 3 patients galea graft was inserted.

Results: At Control Group five patients (5.2 percent of the ears) developed postauricular suture extrusion. At Graft Group no patient developed postauricular suture extrusion or granuloma.

Conclusions: The placement of graft seems to provide a barrier between the suture and the skin. It promotes a smooth surface at the postauricular skin and avoids contact between the skin and the sutures and knots. We conclude that the placement of graft tissues between the Mustardé sutures and the postauricular skin avoids suture extrusion in 100 percent of the cases.

References

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