

ABSTRACT

Background: Otoplasty for prominent ears is a routine procedure that is generally met with satisfaction by patients and family members. A significant percentage of patients requesting otoplasty, however, have some degree of macrotia in addition to protruding ears. Combining ear reduction with traditional otoplasty allows correction of these deformities. There are few studies in the literature that describe ear reduction and those that do describe small subsets of patients. The authors present a series of 84 otoplasty patients over a three-year period in which 36% underwent ear reduction in addition to traditional setback otoplasty.

Methods: A retrospective review was performed of the senior author's otoplasty procedures from 2010 to 2013. Charts were reviewed for patient demographics, pre-operative assessment, surgical technique used, complications, and need for revision. All otoplasty procedures, primary or secondary, were included in the series.

Results: Over a three-year period, 84 total otoplasty procedures were performed. Of these, 30 patients had some degree of scaphal reduction as a component of the procedure. Five patients (6%) had also had shortening of the earlobes in addition to the scaphal reduction. Nineteen (23%) of the patients had an otoplasty previously (none by the senior author) but were not completely satisfied. Complications of reduction otoplasty were limited to a single patient with a suture protrusion behind the ear. None of the patients in this series have required re-operation.

Conclusion: Scaphal reduction to modify the contour of the upper auricle and/or decrease the overall size of the ear can be a valuable adjunct to otoplasty and may be indicated in a larger than expected percentage of patients presenting for otoplasty.