OPEN ACCESS

Saudi Journal of Medical and Pharmaceutical Sciences
Abbreviated Key Title: Saudi J Med Pharm Sci
ISSN 2413-4929 (Print) | ISSN 2413-4910 (Online)
Scholars Middle East Publishers, Dubai, United Arab Emirates
Journal homepage: https://saudijournals.com

Case Report **ENT**

Perichondritis Auricularis Following Piercing: A Case Report

Dr Ngouya Koumba Hernandez Vasthi[1]*, Dr Seydou Diarra[1], Dr Sahli M[1], Pr Hemmaoui[1,2], Pr Ourani[1,2], Pr Zalagh[1,2], Pr Benariba[1,2], Pr Errami[2,3]

[1]ENT & CCF Department of Military Hospital Rabat
[2]Professor at Faculty of Medicine and Pharmacology, Mohammed V. University of Rabat, Morocco
[3]Chef of ENT & CCF Department of Military Hospital Rabat

DOI: https://doi.org/10.36348/sjmps.2026.v12i01.001 | **Received:** 05.11.2025 | **Accepted:** 29.12.2025 | **Published:** 05.01.2026

***Corresponding author:** Dr Ngouya Koumba Hernandez Vasthi
ENT & CCF Department of Military Hospital Rabat

Abstract

Auricular perichondritis is an uncommon but potentially serious complication of ear piercing, particularly when the cartilaginous part of the auricle is involved. It is most often caused by bacterial infection, with Pseudomonas aeruginosa being the predominant pathogen, and may lead to cartilage necrosis and permanent deformity if not promptly treated. We report the case of a patient who developed auricular perichondritis following ear piercing, presenting with painful swelling, erythema, and tenderness of the pinna while sparing the lobule. Clinical diagnosis was supported by physical examination, and management consisted of early systemic antibiotic therapy combined with local care, leading to a favorable outcome. This case highlights the importance of early recognition of auricular perichondritis, appropriate antimicrobial treatment, and awareness of piercing-related risks to prevent functional and cosmetic sequelae.

Keywords: Auricular perichondritis, Ear piercing, Pinna infection, Cartilage, Pseudomonas aeruginosa.

INTRODUCTION

Perichondritis of the auricle is an uncommon condition, but one that is formidable due to its potential morphological complications, which arise when treatment is not commenced at an early stage. The principal etiological factors contributing to perichondritis are traumatic in nature, encompassing procedures such as middle ear surgery, otoplasty, burns, acupuncture, and superinfection of an othematoma. Additional etiological factors include piercing of the cartilaginous part of the auricle. The two main bacteria involved are Staphylococcus aureus and, above all, Pseudomonas aeruginosa, which may be associated.

PATIENT & OBSERVATION

This is a 22-year-old female patient with no particular medical history who consulted for pain and inflammation in her left ear. She had a piercing done six days earlier in her ear, specifically in the helix. This piercing goes through the cartilage.

The swelling was very painful and associated with local signs of inflammation such as redness, heat, and a perforating cartilaginous wound with exudate, which was sampled for bacteriological examination and antibiogram.

On examination, the patient was apyretic. Examination of the left ear revealed a red, very painful swelling, sparing the non-cartilaginous lobe of the ear. The external auditory canal and eardrum were normal.

The patient was placed on appropriate antibiotics. Pseudomonas aeruginosa was isolated from the bacterial culture and was sensitive to ciprofloxacin, with a good clinical outcome.

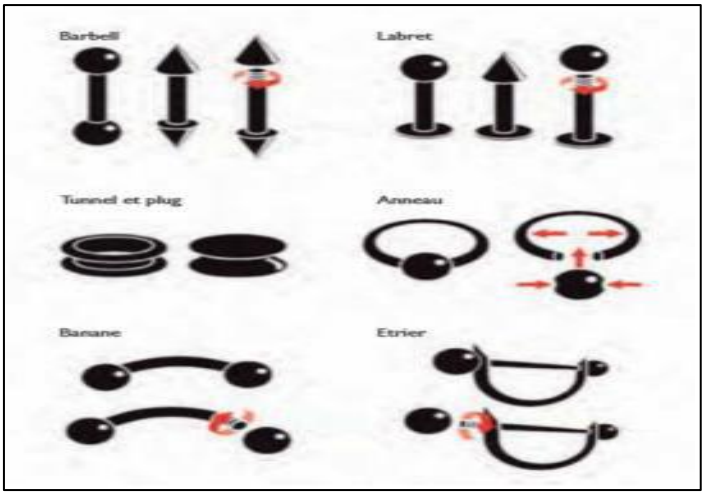

Figure 1: Main types of piercings. Most include a decorative element that screws or clips on

Figure 2: Transfixing wound of the pinna, inflammatory with exudate

Figure 3: Wound of the pinna healed after antibiotic therapy and local care

DISCUSSION

Infectious perichondritis of the auricle is uncommon. The main causes are traumatic, such as middle ear surgery, otoplasty, burns, acupuncture and secondary infection of an atheroma. However, it can also be caused by piercing the cartilaginous part of the ear, as in the case of our patient.

The main complication of perichondritis is the unsightly deformation of the ear caused by partial necrosis of the auricular cartilage [1, 2]. The two main bacteria involved are Staphylococcus aureus and Pseudomonas aeruginosa [2].

The antibiotic must also diffuse well into the cartilage.

Amoxicillin and clavulanic acid, which can be administered orally, are effective against S. aureus but not P. aeruginosa, suggesting that fluoroquinolones are the first-line treatment: they diffuse well into cartilage and are effective against both bacteria. This treatment was proposed for this young patient given the progression of the infected ear wound and the subsequent signs of inflammation in the surrounding area.

Hospitalizations are therefore necessary for treatment and local monitoring several times a day in cases of perichondritis of the auricle. If an abscess develops (fluctuation, sometimes with pus discharge), surgical intervention is essential [2].

The increase in piercing procedures since the 1990s has been accompanied by an increase in the incidence of perichondritis.

Piercings in the scapha and helix areas carry a higher risk of infection than other ear piercings [2–4]. Preventive measures such as supervision and training in piercing practices must be followed [5, 6]. Hygiene rules for piercing are stipulated in the 11 March 2009 decree on good hygiene and safety practices for tattooing and body piercing techniques, including hand washing, suitable premises and specific procedures. After piercing, a sheet detailing the hygiene care to be observed until healing is complete, in terms of both local care and precautions to be taken, must be provided.

The primary treatment for perichondritis is still antibiotic therapy. The choice of antibiotic depends on the severity of the infection and the bacteria responsible. This is why it is important to take a sample for bacteriological analysis and antibiotic susceptibility testing. If antibiotic therapy fails, surgery is indicated due to the complications of perichondritis.

CONCLUSION

The increase in the number of piercings has been accompanied by a rise in the incidence of chondritis.

Piercings in the scapha and helix areas carry a higher risk of infection than other areas of the ear. A leaflet detailing the hygiene measures to be followed until healing, both in terms of local care and precautions to be taken, must be provided after the piercing. In addition to the training of piercers, in which we participate, rigorous monitoring and local care are essential after a piercing has been performed.

Probabilistic antibiotic therapy must cover the PA. Prompt treatment is essential to avoid local or general complications and often unsightly sequelae.

BIBLIOGRAPHY

1. BADOU E., KOUASSI Y.M., BURAIMA F. *et al.,* : « Périchondrite de l'auricule », Lettre d'ORL, 2014 ; 338 : 12-13.
2. BELLAUD G., CANESTRI A., GALLAH S. *et al.,* : « Chondrites bactériennes de l'oreille post-piercing », Méd. Mal. Infect., 2017;47: 26-31.
3. SOSIN S., WEISSLER J.M., PULCRANO M., RODRIGUEZ E.D. : «Transcartilaginous ear piercing and infectious complications: a systematic review and critical analysis of outcomes », Laryngoscope, 2015; 125: 1827-34.
4. GUIARD-SCHMID J.B., PICARD H., SLAMA L. *et al.,* : « Le piercing et ses complications infectieuses : un enjeu de santé publique en France », Sciences, 2003 ; 3-4 : 42-51.
5. « Arrêté du 11 mars 2009 relatif aux bonnes pratiques d'hygiène et de salubrité pour la mise en œuvre des techniques de tatouage par effraction cutanée, y compris de maquillage permanent et de perçage corporel, à l'exception de la technique du pistolet perce-oreille », www.legifrance.gouv.fr.
6. FRANCOIS M. : « Piercings du pavillon de l'oreille », Lettre d'ORL, 2016 ; 347 : 10-2.