

Management of Othematoma: Case Report and Review of Literature

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DOI: [10.36348/sjm.2021.v06i01.004](https://doi.org/10.36348/sjm.2021.v06i01.004)

| Received: 22.12.2020 | Accepted: 02.01.2021 | Published: 09.01.2021

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Abstract

Othematoma is a frequent reason for consultation in the emergency department, occurs after trauma to the face or sometimes spontaneously. It must be well known by practitioners because failure to treat in time exposes severe functional and aesthetic complications. Reporting to us the case of a patient treated for an left Othematoma with a review of the course of action to be taken.

Key words: Auricular hematoma, the pinna hematoma, swelling of the pinna.

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INTRODUCTION

Hematoma of the pinna is the accumulation of blood under the perichondral layer of the pinna, the positive diagnosis is clinical, the therapeutic management is mainly surgical. Untreated exposes to severe complications.

We report the case of a patient treated for an othematoma, to focus on what to do with this pathology.

CASE REPORT

This is a 30-year-old patient, with no significant pathological history, admitted to the service for hearing loss, otorrhagia and otalgia following a trauma to the face during a training kickboxing session.

Clinical examination objectified the presence of an othematoma involving both sides of the pinna of the left ear with traumatic perforation of the left eardrum, and conductive hearing loss on liminal tone audiometry.

Under general anesthesia, the hematoma was evacuated and drained, followed by a compression bandage.

The patient received medical treatment with a corticosteroid and a systemic antibiotic, prohibiting any ear drop. Postoperative follow-up was characterized by the disappearance of the hematoma and the healing of the perforation after 5 months of evolution.

Comment

Othematoma is a common condition in the emergency department, it occurs as a result of a traction or constricting trauma to the ear.

It should be remembered that the pinna does not have subcutaneous tissue. The skin directly covers the avascular cartilage [1] to which it adheres and the perichondrium and richly vascularized. The rupture of this vascular network causes the accumulation of blood between the cartilage and the perichondrium, exposing it to infection and necrosis.

The evolution is towards fibrosis and the formation of cartilage around the various cartilaginous components which clinically results in the cauliflower ear [2].

In emergencies, the patient may present with a plytrauma or severe trauma to the face. The emergency physician must check the freedom of the airways, control hemorrhage, treat a state of shock, diagnose and treat the associated damage, especially neurosurgical and ophthalmological lesions, which must be treated as a priority. Our clinical study will only concern hematomas in the context of minimal or spontaneous trauma.

The Othematoma presents as a swelling of the anterior aspect of the pinna or the posterior aspect, sometimes it involves both sides and represents a double risk for the viability of the cartilage.

This sensitive tumefaction of variable consistency according to the duration of the accident, it is soft at the beginning with a tendency to harden over time. The overlying skin may have normal staining, or may be erythematous or bruised.

The clinical examination finds a filling occupying the concha, the area in and around the external auditory meatus or effacing the reliefs of the posterior surface of the pinna. Otoscopy eliminates the coexistence of lesions of the external auditory meatus as well as the presence or absence of tympanic perforations or the hematotympanic membrane [3]. The rest of the otologic functional exploration is necessary to diagnose any associated hearing loss.

The therapeutic management depends on the size, for lesions less than 2 cm a puncture drainage is sufficient with close clinical monitoring. For large lesions surgical intervention is necessary. The surgical procedure is preferably preceded 2 hours before by the application of an anesthetic product, especially in children and adolescents.

The anesthesia is in most times local with 1% xylocaine, the use of adrenaline should be prohibited for infiltration due to the risk of necrosis.

The antero-superior face of the pinna is anesthetized by means of an auriculotemporal block, the postero-superior face of the pinna by means of a

retroauricular block (small occipital nerve), and the anterior and posterior lower portion by means of a block of the grand atrial nerve [4].

Under rigorous aseptic conditions an incision is made in the lower part of the hematoma followed by dewatering and abundant rinsing with sterile saline solution, bipolar coagulation is used at least for active bleeding. The incision can then be closed with, for example, 5/0 non-absorbable nylon sutures, its recurrence is prevented by making a transfixing bumblebee on the fatty interface, followed by a sterile saline dressing and a dry bandage. It is often necessary to wrap an elastic bandage around the head to ensure sufficient pressure against the surface of the ear [5].

The evolution depends on the speed of management, cases seen late require surgical techniques of specialized plastic surgery even involving the use of the lumbar cartilage.

CONCLUSION

The pinna hematoma is a frequent accident, especially for those who practice contact sports, and should be taken care of as early as possible to avoid the development of aesthetic complications with psychological repercussions.

Legend



Fig-1: Othematoma of the anterior aspect of the left pinna



Fig-2: Othematoma of the posterior surface of the left pinna

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