

## A SIMPLE AND EFFECTIVE TREATMENT FOR PERICHONDritis TO PREVENT REACCUMULATION

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**ABSTRACT: OBJECTIVE:** A simple treatment for perichondritis to prevent reaccumulation by using a drain. Existing treatment for this condition is initially medical, surgical (incision and drainage and compression to prevent recurrence) with accompanying medical management. However the result is often a failure, resulting in partial or complete cauliflower ear deformity.

**PROCEDURE:** Treatment involves to drain the site of infection and placing a drain to prevent reaccumulation.

**RESULT:** The prescribed treatment avoids reaccumulation of fluid and repeated drainage.

**CONCLUSION:** This method can be implemented for routine minor OT practice.

**KEYWORDS:** Perichondritis, Incision, Drain.

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**INTRODUCTION:** Pinna is a thin folded single piece of elastic cartilage<sup>1</sup> covered by perichondrium and skin. Any injury or infection takes longer to heal and exudate or odema longer to absorb as the layers are closely interwoven and receive less humor alcirculation. This results in collection of exudates or blood as a pouch, which subsequently can get further infected with more commonly Pseudomonas aeruginosa or Staphylococcus aureus. Both can cause rapid necrosis of aural cartilage and may be antibiotic resisant.

**LITERATURE REVIEW:** Perichondritis and haematoma are not lethal; however, if not effectively treated they cause damage of cartilage, resulting in disfigurement of the pinna resulting in unsightly cauliflower ear.<sup>2</sup> This is aesthetically undesirable.

Medical treatment is not adequate to manage alone. Surgical intervention is required such as needle aspiration, incision and drainage along with medical management. To prevent further collection, a tampon, dental roll or plaster mould are usually used along with a pressure bandage. Some authors prefer suturing perichondrium to the cartilage with soft pieces of rubber or leonard buttons. However inspite of such efforts the disease frequently spreads until part or all of the cartilage is destroyed and pinna deformed.<sup>3</sup>

Studies and reviews of the various techniques and methods of treatment have all reported similar results.<sup>4</sup>

The present study of ten cases present alternative effective treatment which is simple, less painful, minimal scarring and no disfigurement of pinna.

This treatment has been practised by the author over the past 3 years. After literature search no such procedure has been documented previously.

**MATERIALS AND METHODS:** Eight cases of perichondritis and two cases of haematoma of the pinna were studied.

Six cases were idiopathic and without symptoms, and other four cases resulted from physical trauma.

**PROCEDURE:** The technique requires the following materials & medicaments. One sterile scalp vein set. Surgical blade No 11. A two inch length of scalp vein set taken and small vents are made along the length to make it into a drain.

The patient is kept either in supine or seated. The Pinna is sterilised with betadine and draped. With surgical blade No. 11 a small incision is given over the lower border of swelling. The haematoma/exudate is suctioned out. The prepared scalp vein drain is introduced into the incision of about 4 centimeters, simple pressure dressing done. The drain is withdrawn by a centimetre every 2 days and small pressure dressing is done to prevent any collection of fluid. The swelling is generally subsided within a week. Patient is prescribed antibiotics and anti-inflammatory during the course of treatment.

The duration of healing depends on the severity of infection and extent of area involved.

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**RESULTS:** In the ten patients studied no patient required repeated drainage and there was no reaccumulation of fluid. The duration of healing depends on the severity of infection from one week to four weeks. The cosmetic outcome in all cases is excellent. The pinna healed in its normal shape.

**DISCUSSION:** Traditionally perichondritis and haematoma of pinna is managed by repeated incisions, drainage, suturing and dressing. In this study we have drained the haematoma or fluid and placed a drain between perichondrial layer and cartilage to prevent reaccumulation and recurrence. This drain minimises the chances of reaccumulation of fluid thereby allowing the perichondrial layer and cartilage to adhere. Systemic antibiotics assist the progress of healing process. This simple technique is effective in prevention of reaccumulation and deformity.

**CONCLUSION:** The above described treatment may be recommended for universal practice. The traditional treatment (incision and suturing for compression) should be avoided as far as possible.

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