

Case Report

Perichondritis of the Pinna: A Case Report

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ABSTRACT

Perichondritis of the pinna is a rare inflammatory condition characterized by infection and inflammation of the cartilaginous portion of the auricle. This case report presents the clinical manifestation and management of perichondritis of right pinna in a 22-year-old male.

Key word: Perichondritis of Pinna, Infection of Auricle

INTRODUCTION

Perichondritis of the pinna is infection or inflammation of the perichondrium of the auricular cartilage.¹ Usually it covers most of the infectious conditions of external ear like erysipelas, cellulitis, perichondritis and chondritis.¹ Typically presents with pain, erythema, swelling, and tenderness of the affected ear. Perichondritis can be staged according to the extent of the disease involvement like abscess formation, cartilage destruction.²

Here, we present a case of perichondritis of the right pinna in a young male.

THE CASE

A 21-year-old male presented to us with a three-week history of worsening pain, swelling, and erythema of his right ear following a history of trauma. The patient reported tenderness and warmth over the pinna, along with fever and malaise. On examination, the right auricle appeared erythematous, edematous, and tender to palpation. There was abscess formation with sign of cartilage destruction noted over the right pinna. External Auditory canal was narrowed due to edema. Otoscopic examination revealed intact tympanic membrane, with no evidence of middle ear pathology.

The patient was admitted to the hospital. His blood sugar and serum creatinine were normal. Complete blood count revealed elevated white blood cell count. Cultures from the ear drainage were obtained. Debridement of the necrotic tissue was done and empiric intravenous antibiotic therapy with ciprofloxacin initiated pending culture results. For pain, Paracetamol was given orally and Diclofenac per rectally. Regular debridement was done using local anesthetic infiltration around the right pinna. Whole of the cartilage of pinna was removed over ten days dressing. Then infection was controlled. Follow-up was given after two weeks later showed there is



Pic: Pus coming from the wound resolution of the infection with deformed pinna.

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DISCUSSION

This patient presented with pain and swelling in the right pinna with a history of old trauma. History suggested that this might be a case of otitis externa. Differentials might be malignant otitis externa.³ But this was a young patient and no history of having diabetes mellitus. So clinically it was perichondritis as the pinna was erythematous, edematous, and tender with abscess. There was also evidence of cartilage destruction. Thus it was stage 3 perichondritis according to Prasad et al.²

In this case patient was hospitalized. Hospitalization is necessary in case of parenteral antibiotic therapy and surgical intervention.⁴ This patient was treated both surgically and intravenous drugs.

Empiric intravenous antibiotic therapy with ciprofloxacin was initiated pending culture results. *Pseudomonas aeruginosa* is common pathogen in perichondritis and Ciprofloxacin is sensitive.⁴

Debridement is necessary when there is evidence of cartilage involvement.⁵

CONCLUSION

Perichondritis along with abscess formation and sign of cartilage destruction was managed surgically.

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