

Nonsurgical correction of congenital ear deformities: Infant ear molding method

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Received: 10 March 2022

Revised: 14 April 2022

Accepted: 24 April 2022

Dear Editor,

Congenital ear deformities are very common. Approximately 30% newborn has a congenital ear deformities. Results of congenital ear deformities are cosmetic and psychosocial problems (1). Newborns with congenital ear deformities are noticed by parents and health caregivers in beginning early life, commonly. Some minimal ear deformities can self correct first two weeks of beginning of life but major deformities cannot self correction. However if the baby's ear has major deformities, health workers and parents must not wait for self correction (2). Ear deformities are different from ear anomalies. There are no clear hypotheses explaining the cause of congenital ear deformities yet. Some congenital ear deformities can be accompanied by other genetic syndromes. These syndromes such as Goldenhar and CHARGE (Coloboma, Heart anomaly, choanal Atresia, Retardation, Genital and Ear anomalies) are affect all body system.

We want to present a new approach way to correction method for baby ear deformities at the beginning the early life. This method is known as infant ear molding method. Simple silicon molding system is used in this method. These molding systems are useful until two-month-old baby. If the baby bigger than two-month-old, baby ear deformities correction process does not successful by this method. Because baby's ear cartilage is hardness and does not give a permission reshaping. This method is advantaged, because this molding method is very simple, non invasive and painless also do not need to the aneesthesia. This method can be beneficial only first two month of infant ear deformities. After the second month, molding method does not work. This situation is the most important disadvantage.

Ear deformities are very complex and various. We can say auricular deformities are four types. First type deformities are, helical deformities. Helical rim and lidding deformities are known helical deformities. Second deformity type is conchal deformity. Conchal crus deformity is known type of conchal deformity. Conchal crus deformities can lead of the protruding ear. Third group of deformity type is mixt deformities. Mixt deformities have combination various of deformities types. Type of last deformity is cryptosy. Cryptosy deformities are differented other deformities. Because cause of other deformities ear cartilage but cause of cryptosy deformities are abnormalities of intrinsic and extrinsic muscle of ear. Our ear molding clinic application starts before the two months of baby.

Our clinic succesfull rate is nearly 100%. We want to share with readers some example of corrected ear deformities in Figure 1, Figure 2, Figure 3 and Figure 4.



Figure 1: Conchal crus deformity

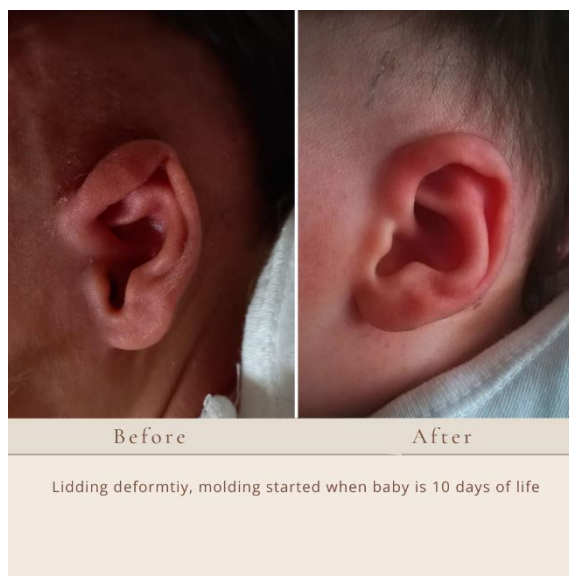


Figure 2: Lidding deformity



Figure 3: Helical rim deformity



Figure 4: Cryptotia deformity

In conclusion, with this method, great success can be achieved in the correction of simple to complex congenital ear deformities in the early period. We wanted to report that when the external ear is examined and deformity is observed in the physical examination and evaluations in the neonatal period, the baby ear deformities can be corrected noninvasively with the relevant application.

Informed consent: The author stated that the written consent was obtained from the parents of the patients presented with images in the study.

Conflict of interest: The author declares that there is no conflict of interest.

Financial disclosure: No funding was received in support of this study.

Peer-review: Externally peer-reviewed.

Authorship contributions: Concept, Design, Supervision, Funding, Materials, Data collection &/or processing, Analysis and/or interpretation, Literature search, Writing and Critical review: YHO

References

1. Chang CS, Bartlett SP. Deformations of the Ear and Their Nonsurgical Correction. Clin Pediatr (Phila). 2019;58(7):798-805.
2. Kim M, Lee HM, Choi SW, Lee S, Kim C, Kong SK, et al. A longitudinal study of changes of congenital auricular deformity regarding self-correction. J Plast Reconstr Aesthet Surg. 2021;74(10):2705-11.

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