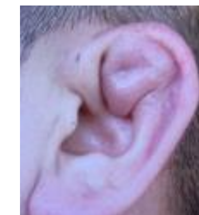
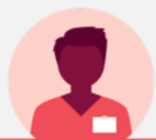
Otolaryngology eConsult

36-year-old male otherwise healthy who reported redness, pain, swelling of R helix. Developed a large fluid collection so he went to the ED where they drained what he described as bloody fluid (no notes available) with a syringe and needle. The swelling returned the next day and continued to grow despite completing a course of cephalexin and bactrim.

What do you make of this lesion and how would you manage it?





If a patient like this presented to me, these would be my general thoughts: This looks like a case of an auricular seroma. These are often traumatic (can be something as simple as sleeping on the ear) but often associated with caps, helmets, wrestling, boxing, martial arts etc. They can also be associated with allergy, autoimmune disease (polychondritis), HIV, other immunodeficiency disorders and with inherited (and often undetected) connective tissue disorders. Auricular seroma is much more common in men.

There is generally no infection, so antibiotics play little or no role and will have no effect on the natural course of the process. Drainage is the key; successful treatment can be challenging due to the propensity of fluid recurrence after drainage. Multiple procedures are often necessary as a conservative needle aspiration or small incision will close quickly, and then the fluid re-accumulates. There is quite a lot of material accessible on the web about auricular seroma and various treatment options. The packing is a great (but uncomfortable) idea, because it keep the drainage site open and allows post-inflammatory fibrosis between the perichondrium and cartilage to reduce and hopefully eliminate the cystic space.

The only unique factor in this case is the presence of the preauricular pit, a developmental anomaly. This may or may not be related to the seroma.

Simple autoimmune labs may be helpful (ESR, ANA, RF, antithyroid antibodies, lupus panel, anti-Sjogren's antibodies (SS-A and SS-B) for a more thorough evaluation of possible autoimmune contribution. There are also panels of connective tissue antibodies (usually ELISA) available that are quite a bit more sensitive and specific. If there are other (personal or family history of) symptoms, problems or conditions suggestive of some type of autoimmune or connective tissue disorder, evaluation by rheumatology may be very helpful as the auricular seroma may be the initial presenting symptoms of a long-term complex systemic disease process. If the seroma continues to recur after multiple attempts at drainage (this usually requires 3-4 attempts and then, for some reason, the problem usually just goes away), discussion about possible role of a inflammation and infection deep within the preauricular pit may need to be considered; this often requires wide surgical excision and, therefore, is often deferred by the patient. Since the pictures does not appear to suggest any inflammation at or around the preauricular pit and no drainage from the pit, this seems unlikely but is something to consider if the problem does not resolve spontaneously over time . Hope this helps.

**PCP case and specialist response are presented as summaries*