

Torn or Elongated Ear Lobe; Possible Causes and an Update on a Simple Technique for Ear Piercing

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Abstract

Background: Torn or elongated earlobes after piercing is a common problem. The cause of which is not well elucidated.

Objective: To identify contributing factors to torn or elongated earlobes and present a simple piercing technique which may reduce the incidence.

Methods: 63 patients with torn or elongated earlobes were surveyed as to the technique which their earlobes were pierced and other personal habits.

Results: Patients pierced with a gun as well as those that wore heavy earrings were more likely to have torn or elongated earlobes. Ear piercing by a needle seems to have a lower incidence of torn or elongated earlobes. We present a modification to a simple ear-piercing technique.

Conclusion: Ear piercing by a gun has a higher incidence of leading to torn or elongated earlobes. Piercing with a needle has a reduced risk and we present a modification to a simple ear-piercing technique.

Keywords: *General dermatology, Dermatologic surgery, Elongated earlobe, Torn earlobe, Ear piercing*

1. Introduction

Ear piercing is a worldwide practice [1]. Piercings are now being done on almost any part of the body. However, the ear is still the most common part that is pierced [2]. Complete or partial tearing of the earlobe following piercing is a common condition encountered by dermatologic surgeons. Several studies describe various techniques for surgical correction of an elongated earlobe which include partial cleft repair, side-to-side closure following scalpel or punch biopsy techniques, z-plasty and purse string closure as well as many others [3].

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Given the commonality of torn earlobes, speculation as to the cause and possible avoidance of this problem exists with trauma and heavy earrings usually thought to be the primary cause as well as a sudden pull on the earring, chronic friction from headgear or from poor piercing technique. Several different techniques for ear piercing have been described and include the use of a Teflon tube, an intravenous cannula stent or angiocatheter and magnetic earrings, a pair of surgical forceps that have been fashioned into an anvil, a 14- or 16-gauge trocar needle antrum, piercing the ear from a posterior-to anterior direction with the use of a needle followed by placement of a wire loop and the use of a spring-loaded piercing gun, which is the choice of many non-medical piercing sites [4-10].

The aim of our study was to assess the causation of the earlobe elongation or tear following piercing. In addition, we report a modification to our simple technique for ear piercing that was published earlier [10].

2. Study Design

A simple verbal questionnaire was given to patients that sought out treatment of their torn earlobes in our private clinic after obtaining consent. We were able to obtain completed questionnaires from 63 patients, all 63 who were asked agreed to participate. The only inclusion criteria were that they were seeking repair of their torn or elongated earlobes. There were no exclusion criteria. The questionnaire included the following questions: 1. Were your ears pierced by a needle or a gun? 2. Do you wear heavy/large hanging earrings 3. Was there any trauma to your ear/earring such as someone pulling on your earring? 4. Do you wear any head gear such as headphones, hats over the ear or a veil or head wrap consistently? In addition, during the same time period, we randomly questioned patients with ear piercings, without torn or elongated earlobes, as to the technique of piercing which they had done as a control group. A total of 423 patients responded.

3. Results

All the patients included in the study were female. Of the 63 patients with torn or elongated ear lobes, 55 (87%) were pierced with a gun and 8 (13%) with a needle. Heavy or large earrings were worn by 38 (59%) of the patients. Trauma was implicated in 5 out of 63 (8%) of patients. Head gear was consistently worn by 3 out of 63 (5%) of patients (FIG. 1). The 423 control subjects responded as follows: gun piercing 228 (54%), needle piercing (40%) and did not know or remember 27 (6%) (FIG. 2).

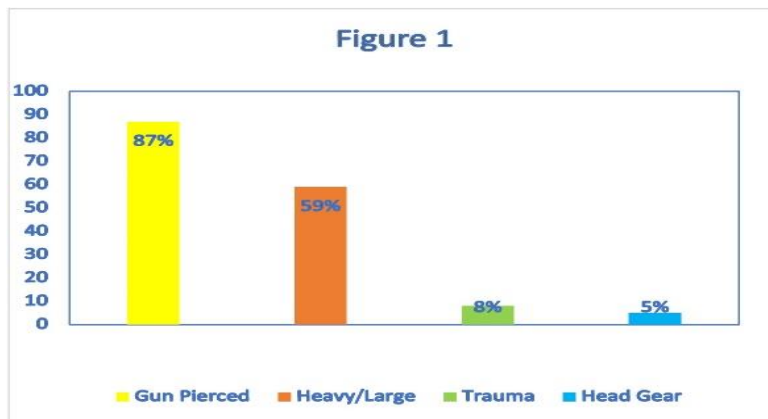


FIG. 1. Patients with torn or elongated earlobes (N=63).

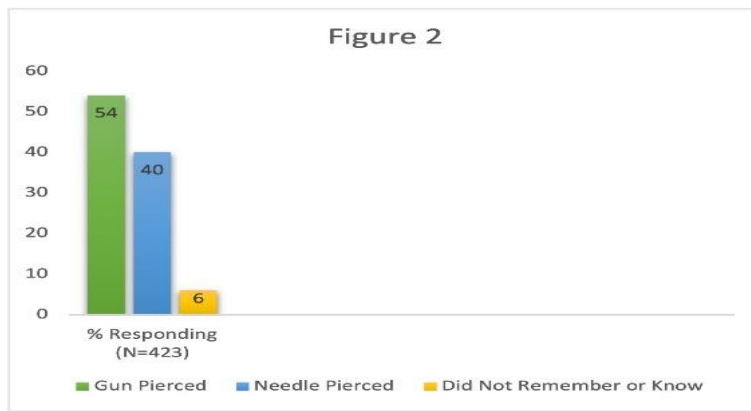


FIG. 2. Control subjects (N=423).

4. Discussion

Ear piercing is a seemingly simple procedure. However, patients who undergo ear piercing should be selected carefully. The complications of ear piercing include allergic reactions, swelling, bruising and hematoma, bacterial and viral infections both local and systemic, sepsis, toxic shock syndrome, osteomyelitis, acute streptococcal glomerulonephritis, epidermal cyst and lipoma formation, keloids, embedded earrings and earring clasps, localized argyria, lymphoplasia, sarcoidal granulomas, elongation of the ear-piercing site, torn earlobes and bifid deformity [10-12]. Lack of aseptic technique and improper post-operative care contribute to many aspects of the complications seen after ear piercing. Patients with lobes less than 4 mm in greatest thickness have the greatest likelihood of experiencing elongated earlobe tracts or complete clefting [13.]

Our study attempts to show possible factors influencing the development of elongated earlobe tracts or complete clefting of the ear lobes after piercing. Ear piercing with a gun is inaccurate and creates a slit instead of a hole as is achieved with hollow needle piercing. The slit that is formed can extend with heavy earrings or trauma and even create a complete bifid split ear defect [10]. The data collected from our study supports the premise that patients that are pierced with a gun have a higher incidence, 87% of our patients, than those pierced with a hollow needle. This compares to the control group which had a 54% incidence of gun piercing as compared to 40% needle pierced, thus showing a propensity for gun pierced earlobes to elongate or tear when compared to needle pierced earlobes. The process of earlobe piercing elongation can be worsened by wearing heavy earrings as demonstrated by 59% of our patients indicating that they had participated in wearing heavy earrings. The process of ear piercing with a gun thereby creating a slit with the addition of heavy earrings may compound the formation of elongated or torn ear lobes after piercing. Less of an impact was trauma, noted in 8% of our patients as well as 5% noting the wearing of some type of head gear routinely.

Though our patient number was small and may be biased as the incidence of gun pierced ear lobes may far outnumber the patients that have had ear piercing with needles, it appears that there is an implication of gun piercing by creating a slit instead of a hole and the wearing of heavy earrings, in the formation of elongated or completely split ear lobes after piercing.

We advocate for patients to be pierced by a non-gun technique in an effort to reduce subsequent earlobe piercing elongation or complete tear through. In the past, one of the authors published a simple technique for ear piercing [10]. We would like to present a modification to this simple ear-piercing technique that reduces the risk of possible needle sticks to the operator. The

technique demonstrated in FIG. 3-7 provides a simple process to pierce ears that does not require any special equipment, that is easy to perform and, hopefully, reduces the incidence of torn ear lobes. The materials needed include a 16-gauge hollow needle, alcohol prep, piercing earring and lidocaine (FIG. 3). After cleaning with alcohol, the earlobe is marked and being shown to the patient for their approval (FIG. 4). The earlobe is anesthetized and then pierced with a 16-gauge hollow needle in a posteroanterior direction with an upward tilt to prevent drooping of the earring (FIG. 5). The earring is threaded into the needle hollow (FIG. 6). The needle is withdrawn posteriorly leaving the earring in place (FIG. 7).



FIG. 3. Materials needed.



FIG. 4. After cleaning with alcohol, the earlobe is marked with the marking being shown to the patient for their approval.

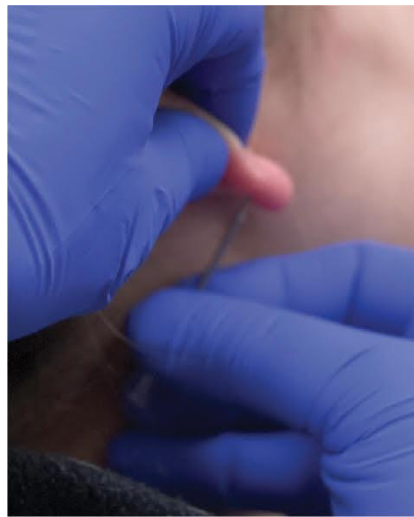


FIG. 5. The earlobe is anesthetized and then pierced with a 16-gauge hollow needle in a posteroanterior direction with an upward tilt to prevent drooping of the earring.

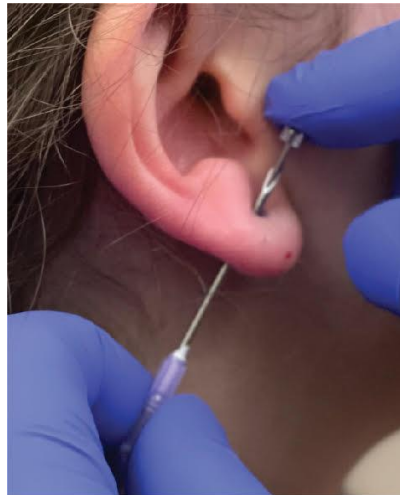


FIG. 6. The earring is threaded into the needle hollow.

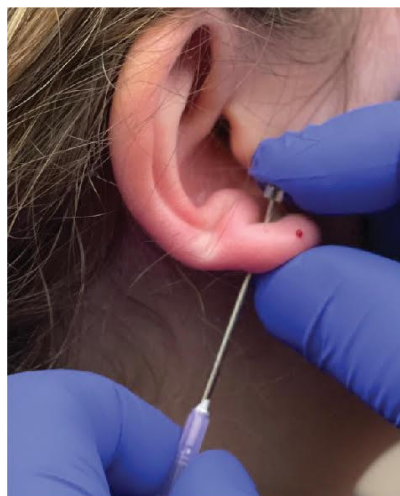


FIG. 7. The needle is withdrawn posteriorly leaving the earring in place.

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