A 22-year-old man presented to the Complejo Hospitalario de Granada, Granada, Spain, in 2006 with an asymptomatic nodule in each ear of several years’ duration. On physical examination, two well-delimited nodules of semi-solid consistency were observed on the helix and scaphoid fossa of each auricular pavilion [Figure 1A]. There was no evidence of any local infection or inflammation. The patient had no personal or family history of medical interest, such as previous injuries or frequent use of headphones or contact sports. However, he described a history of unusual repetitive manipulation of the ears since early childhood [Figure 1B].

High-frequency ultrasonography of one of the nodules showed an oval cystic lesion with anechoic content and without a capsule or cartilaginous disruption [Figure 2]. Laboratory testing, including blood count, general biochemistry, thyroid profile, uric acid, complement, autoantibody (e.g. anti-nuclear antibody and extractable nuclear antigen antibody)
lesional injections of triamcinolone or sclerosing drugs, such as tetracycline or trichloroacetic acid, are considered the optimal choice of treatment.4–6 Surgical excision with local compression (i.e. using shirt buttons or mouldable thermoplastic tablets) also offers effective cosmetic and functional results.6,7 Overall, unnecessary procedures should be avoided so as to circumvent unanticipated complications, such as infection, auricular chondritis or related deformities.8

References