Facial Surgery

Commentary

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Commentary on: An Update on the Posterior Earlobe/Concha Mastoid Suspension Suture to Correct "Pixie Ear" Following Facelift: Review of 40 Cases

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"Pixie ear" is a very obvious and therefore undesirable deformity. Its appearance after a rhytidectomy reflects a procedure in which excessive skin resection was done in the periauricular area and/or insufficient suspension of the deep soft tissues to solid anatomic points. It can also be of congenital origin.

It is a deformity to which little attention has been paid. Surgeons have generally been more concerned with the overall result than with the details. "A big earring solves it"—but it is not like that; the quality of a product is in its fine details. Day by day, patients are becoming more observant, particular, and demanding.

Over the years, various procedures have been proposed for the correction of pixie ear, but as the authors state, rectification differs on whether the defect is congenital or a consequence of rhytidoplasty.[1-3] The fundamental difference is the amount of skin that is available. In the aged patient with redundant skin, it is possible to correct the lobe using one of the various techniques described.[4] But this is not the case in previously intervened patients, limiting surgical options due to the scarcity of local skin.

When correcting pixie ear, it is not enough to eliminate the appearance of a pulled lobe. It is necessary to reconstruct an aesthetic lobe, with a rounded shape and dimensions in proper proportion with the rest of the ear.[5] The length of the lobe should be between 25% and 30% of the total length of the ear. The average lobe is 18 mm long, 20 mm wide, and 8 mm thick. Women like to wear earrings, so they prefer discreetly pendulous lobes. A grade I pendulous lobe is ideal, but a slightly more ptotic one (grade II) will be also acceptable. To achieve this, the surgeon must pay attention to the distance from the intertragal notch and from the anterior ear lobe crease to the subauricular point (Figure 1).

The authors of this article offer us an elegantly simple procedure that rescues the skin of the retroauricular region to free the lobe and correct its contour. An obvious effect, easy to reproduce.[6] They show excellent results, without obvious scars. However, I do not know if scars would be more evident in patients with hyper- or hypochromic scars, and those with darker skin or other peculiar skin characteristics.

I would have liked to see the result of this procedure applied to a young patient with this congenital malformation, in which I suppose it should have equally good results. I commend the authors for their creativity, resulting from their extensive experience and keen sense of observation.

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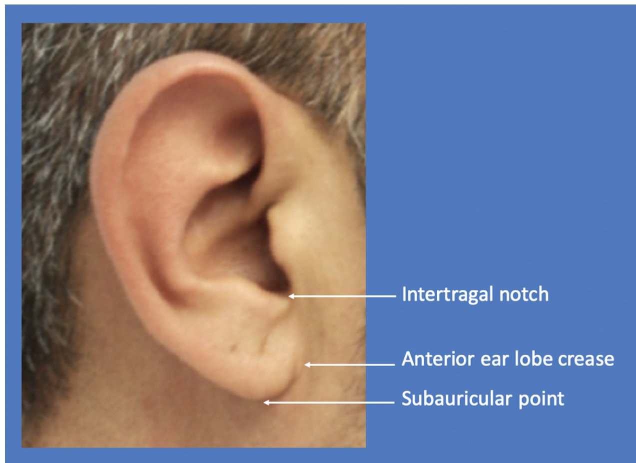

Figure 1. Male patient, 42 years old, showing the key points used to determine the proper length of the auricular lobe.

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