Postauricular fascia: the hidden key to successful otoplasty

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Introduction: Traditional otoplasty techniques involve cartilage cutting, scoring and reshaping it with sutures. Intrinsic postauricular fascia gained popularity in 2001 when Horlock et al. first described a medially based fascia flap which served as cover for Mustradé sutures. Due to the consequent decrease in the recurrence rate, the decrease in need for revision and the reduction in the number of complications, we can witness a significant increase in the utilization of postauricular fascia flaps in otoplasty, even as a stand-alone procedure for correction of protruding ears. Aim: To describe a novel modified partial laterally based perichondrioadipodermal flap in cartilage-spearing otoplasty and to review the existing modifications of intrinsic postauricular fascia flaps in literature. Surgical technique summery: Postauricular skin incision is performed as de-epitelialization. Incision and elevation of the distally based flap is set in the mid-third of the exposed fascia. The dissection and elevation of the flap is performed on the subperichondrial plane. Discussion: Many authors, over the years, contributed to the perfection of the otoplasty techniques to obtain the most natural appearance of the ear. In strive for perfection, and with goal to reduce known complications of previous techniques, the postauricular fascia flap was first introduced in 2001. Since then, modifications of medially and laterally based fascia flap have been published. Yet, each still has some minor drawbacks. In respect to published postulates, we modified the existing technique to serve us as a great addition to traditional techniques and as stand-alone procedure in correcting isolated upper helical protrusion. Conclusion: Modifications of intrinsic postauricular fascia flaps may present a great addition to traditional techniques, but with constant awareness to look each protruding ear per se.

Key words: otoplasty, postauricular fascia, prominent ears, surgery