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INSTRUCTIONS FOR PARENTS

PRE-AURICULAR SINUS TRACTS (“EAR PITS”)

1. What are pre-auricular sinus tracts (“ear pits”)?

The cartilage of the outer ear begins to form while your child is a developing fetus. There are six mounds of tissue that fuse together to form the outer ear (“auricle”). They are labeled 1 through 6. For some unknown reason, the fusion of Hillock 1 and Hillock 2 does not always occur *completely* and what results is a small tract of skin tissue that extends underneath the normal layer of skin. This potential space can become infected and result in drainage or, if untreated, into a “pre-auricular abscess”.

2. Does my child have to have their “ear pit(s)” removed?

As long as there is no significant history of drainage, the skin tract remains a *potential* space for infection but until then, it is generally NOT recommended to have it removed.

3. Why are “ear pits” removed?

On occasion, the potential space of the skin tract can become infected and result in drainage or, if untreated, into a “pre-auricular abscess”. When this occurs, it is generally recommend to have an elective surgical procedure designed to remove the ingrowth of the skin tract such that the potential space is removed, thereby reducing the potential for additional, and often more serious, infections.

4. When are “ear pits” removed?

The timing of the procedure is usually “elective” and scheduled far enough out after an active infection so that surrounding inflammation is reduced.



5. What can I expect if my child has surgery to remove the “ear pit(s)”?

This short, elective procedure is performed under general anesthesia. There is usually only minimal pain thereafter. It is a same day surgical procedure and your child will go home with, perhaps, a small dressing or Band-Aid over the incision site, and usually with a plastic protective “cup” to cover the ear during the early days of healing.

6. Will there be a visible scar?

Generally, the incision is placed to look as if it is an extension of a natural skin crease so as to camouflage the final result. On occasion, if significant infection has occurred, the incision may be more noticeable. In cases where a true pre-auricular abscess has formed, and was treated with antibiotics and/or drained, there may be a slightly more noticeable area where the infection was, independent of the surgical site. A small number of absorbable sutures (“stitches”) are generally placed to close the incision and these usually dissolve away or, possibly, removed in the office within a week or two following the surgery.

7. Is there extensive wound care following the surgical removal of “ear pit(s)”?

Not really. It is usually suggested to apply an over-the-counter ointment, one or two times a day until the sutures have dissolved and until the incision site appears healed. This is usually completed by 2-3 weeks after surgery.

Additionally, and particularly in sunny places like Florida, it is a good idea to keep the incision site out of direct sunlight, or protected with sunblock the first several months, so that the incision site can heal with a minimum of “sunburn” and discoloration.

8. Can the “ear pit” recur?

If there is a small portion of the skin tract that remains under the skin surface, drainage from an infection under the skin can re-develop. This is why care is taken to remove the entire tract as best as possible down to a small portion of the normal ear cartilage to assure that the deepest part of the tract is included in the dissection.

