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EDITOR'S INVITED COMMENTARY

Invited Discussion on: 'Surgical Correction of the Lying Ear Deformities'

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We are in the age of accepting and respecting cultural diversity/variation. These trends are influencing our specialty, and we must recognize, understand, and respect each culture in order to optimize surgical care for patients [1].

'Lying ear,' as seen in the representative case in this article, would not be an issue in certain cultures or countries. In certain countries, such as the USA, prominent ear is not well accepted in society: prominent ear is an easy target at school for children, and it could be the source of low self-esteem, and it could affect the performance of the child at school. In these countries, people do not accept prominent ear, even though insurance companies do not consider prominent ear as a deformity, but as normal. Actually creating 'lying ear' is the goal of otoplasty to set back the auricle. Therefore, surgical correction of 'Lying ear' probably has very limited indications for surgery in these countries where prominent ear is not accepted.

On the other hand, many Asian countries, as the authors described, accept prominent ear in favor, or do not care. Prominent ear is basically accepted in these societies. In these Asian countries, set back ear may be an issue for certain populations. The authors describe the technique to cope with these patient requests. This article gives us interesting insight into what we do to correct prominent ear: we are creating a 'fibrous band' to emphasize the antihelical fold. The authors believe that fibrous band is the cause of 'lying ear.' I hope the authors or others would further investigate this, adding histological analysis to confirm it.

The shortcoming of this article is that the authors did not provide us with the most common measurement data about the prominence: distance from head to the top of the helical rim, what was the distance of 'lying ear,' and how it was changed to 'normal'? These data are the easiest common language for otoplasty surgeons as a guide. The follow-up period was only three months, and this is probably too short to determine whether the authors' method is viable for a long term.

In summary, the authors give us an interesting finding of fibrous band that is causing excessive antihelical fold. This finding tells us why Jack Mustarde's mattress sutures are still the most trusted method for otoplasty.

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Compliance with Ethical Standards

Conflict of interest The author declares that he has no conflicts of interest to disclose.

Human and Animal Rights This article does not contain any studies with human participants or animals performed by any of the authors.

Informed Consent For this type of study informed consent is not required.

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