
Retrograde punch biopsy technique for removal of enlarged earlobe piercings



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SURGICAL CHALLENGE

Earlobe piercings are one of the most common cosmetic procedures performed in the world. Pierced earlobes are frequently complicated by lengthening of the earlobe tract due to tension created from heavy jewelry or trauma. These enlarged piercings can be of a cosmetic concern to patients and restrict their choice of jewelry.

Larger earlobe defects or clefts are often repaired with complex surgical flaps, such as Z-plasty or triangular flaps.¹

Unwanted earlobe tracts can be removed by a simple punch biopsy, but incomplete removal of the epithelial tract can result in inclusion cyst formation.² A guidewire technique has been described to aid with the alignment of the biopsy punch.² However, the guidewire does not provide an adequate cutting surface required to stabilize the mobile earlobe while performing the biopsy.

SOLUTION

After cleaning the area with an antiseptic solution, appropriately anesthetize the affected earlobe with lignocaine. Insert a tight-fitting biopsy punch into the dilated earlobe tract (Fig 1, A). The size of the biopsy punch can be adjusted according to the size of the defect. Position a second biopsy punch, 1-mm larger than the first, over the tip of the inserted biopsy punch from the opposite direction (Fig 1, B). The unwanted epithelial

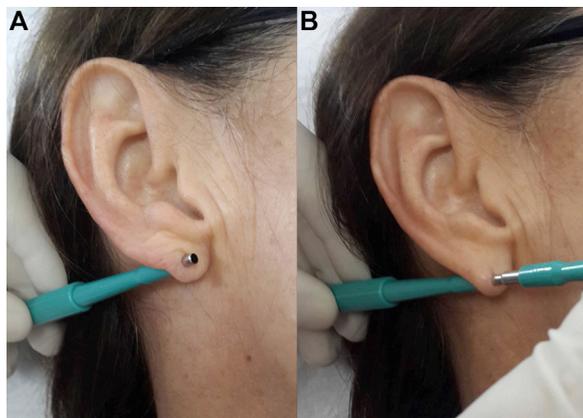


Fig 1. A, A 3-mm biopsy punch is inserted through the dilated earlobe tract. B, A 4-mm biopsy punch is advanced over the 3-mm biopsy punch in a retrograde fashion.

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tract is removed while gently advancing and rotating the second biopsy punch back over the first in a retrograde fashion. The shoulder of the smaller biopsy punch acts as a stable cutting surface which is required for the procedure to be successful. The resulting defect is closed with interrupted 5-0 nylon sutures.

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