

# Split earlobe repair with piercing preservation and optimal earlobe aesthetics

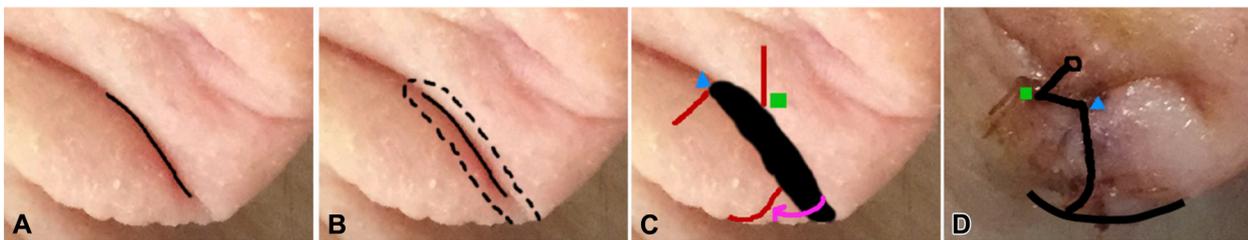


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**Key words:** asymmetric z-plasty; curvilinear modification; earlobe repair; piercing.

## SURGICAL CHALLENGE

A split earlobe deformity (Fig 1, A) presents several challenges for reconstruction, including avoiding recurrence, repeat piercing desired by the patient, and notching of the ear lobe margin. A z-plasty is often recommended to prevent notching; however, this technique both narrows and lengthens the earlobe, creating an unnatural and unaesthetic shape. The use of an asymmetric z-plasty<sup>1</sup> in combination with a curvilinear modification<sup>2</sup> of the medial earlobe segment prevents shortening, allows for immediate repiercing at the original position, prevents recurrence, and provides an optimal aesthetic earlobe shape.



**Fig 1.** A, Original ear defect. B, Defect after sharp debridement, with new edges shown by dashed line. C, Flap development achieved through incisions at red lines, with markers (blue triangle and green square). Purple arrow shows closure at the bottom of the lobe. D, Final shape of scar and location of markers (blue triangle and green square).

## SOLUTION

The central portion of the split earlobe is sharply debrided to provide perpendicular wound edges (Fig 1, B). A flap is developed from the lateral split earlobe to be inserted into a perpendicular incision created in the medial split earlobe (Fig 1, C and D). This step lengthens the entire earlobe repair but selectively lengthens the lateral split earlobe segment more. The medial segment is elongated with a curvilinear incision to compensate for the longer lateral segment. A curvilinear earlobe margin inset has been shown to have superior cosmetic outcomes for earlobe reconstruction.<sup>2</sup> A patient-supplied, light-weight stud earring is placed at the superior aspect of the repair and is left in place for a month. The position of the original hole is preserved, but the new hole diameter is determined by the width of the stud earring's post. Use of an asymmetric z-plasty in combination with a curvilinear repair of the earlobe margin recreates the natural lobule shape and preserves the original piercing (Fig 2, A-D).

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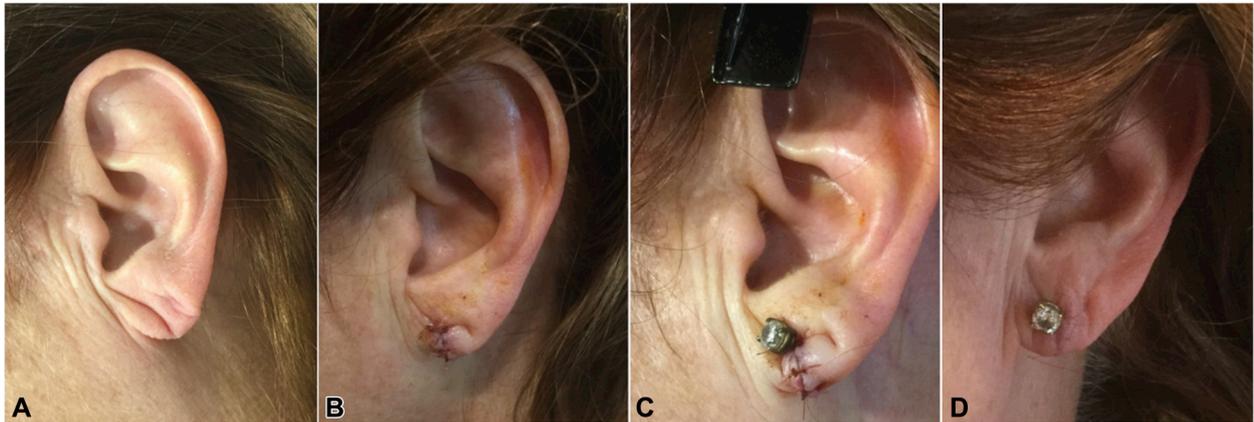
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**Fig 2.** **A**, Almost complete split earlobe. **B** and **C**, After reconstruction with and without an earring in place. **D**, Healing at 2-week follow-up visit.

**REFERENCES**

1. Gajiwala K. Repair of the split earlobe using a half Z-plasty. *Plast Reconstr Surg.* 1998;101:855-856.
2. Chiummariello S, Iera M, Arleo S, Alfano C. L-specular plasty versus double-round plasty: two new techniques for earlobe split repair. *Aesthetic Plast Surg.* 2011;35:398-401.