
The use of a tympanoplasty blade for tumor extirpation of the auricle



Lindsey E. Richards, MD, Faramarz Samie, MD, PhD, Scott Troob, MD, and Jesse M. Lewin, MD
New York, New York

Key words: external auditory canal; Mohs micrographic surgery; tympanoplasty blade.

SURGICAL CHALLENGE

Approximately 20% to 25% of nonmelanoma skin cancers that occur on the head and neck are located on the ear.¹ The complex anatomy of the auricle can make excision of tumors challenging and has the potential to affect tissue quality, margin processing, and assessment.²

Depending on the anatomic location of the tumor on the ear, extirpation with a No. 15 scalpel blade may not be ergonomically optimal. In addition, excising tumors in small and delicate areas, such as the external auditory canal and triangular fossa, requires precise incision placement and depth.

SOLUTION

We have found that utilizing a tympanoplasty blade with its ergonomic shape (Fig 1) helps facilitate excision. The 60-degree bevel down angle and circumferential round blade are advantageous for making incisions in small concave areas that may fall out of the direct line of sight, such as the auditory canal. Additionally, the diminutive size of the tympanoplasty blade aids in accessing small fields and minimizing visual obstruction in the process (Fig 2). We use the Beaver tympanoplasty blade (Medline, Northfield, IL), which inserts into a round, knurled stainless steel handle (5 cm in length × 0.5 cm in diameter) in these cases with success. The round knurled handle also affords the surgeon optimal rotational movement with fingertip control and dexterity while incising the tissue.

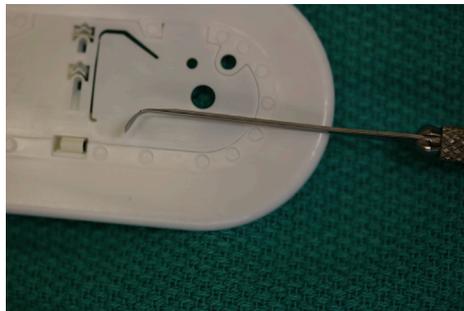


Fig 1. Tympanoplasty blade.

From the Columbia University Irving Medical Center, Dermatology, New York.

Funding sources: None.

Conflicts of interest: None disclosed.

Reprints not available from the authors.

Reprint requests: Jesse M. Lewin, MD, 161 Fort Washington, 12th Floor, New York, New York 10032. E-mail: jml2326@cumc.columbia.edu.

J Am Acad Dermatol 2019;80:e121-2.

0190-9622/\$36.00

© 2018 by the American Academy of Dermatology, Inc.

<https://doi.org/10.1016/j.jaad.2018.06.041>



Fig 2. Surgical procedure.

REFERENCES

1. Sand M, Sand D, Brors D, Altmeyer P, Mann B, Bechara FG. Cutaneous lesions of the external ear. *Head Face Med.* 2008;4:2.
2. Niparko JK, Swanson NA, Baker SR, Telian SA, Sullivan MJ, Kemink JL. Local control of auricular, periauricular, and external canal cutaneous malignancies with Mohs surgery. *Laryngoscope.* 1990;100:1047-1051.