

Letter to the Editor

Successful Treatment of Auricular Pseudocyst Using a Surgical Bolster

Dear *Cutis*[®]:

Bolstered pressure sutures for the compressive management of auricular pseudocyst, with or without concurrent treatment, has been described using either a single bolster applied to the anterior surface of the auricle or bolsters applied to both the anterior and posterior surfaces of the external ear.¹⁻⁶ Cotton, a dental roll, and/or gauze are frequently used to create the bolster; however, other materials, such as sterilized buttons, also can be used.⁶⁻⁸

Han et al⁹ described a man with a twice-recurrent auricular pseudocyst that was successfully treated by applying a surgical bolster to the affected area. The authors commented: "The use of surgical bolsters for the treatment of auricular pseudocysts has been reported and . . . only 2 of these reports are in the dermatology literature." Thereafter, the salient therapeutic features from the reports by Paul et al¹⁰ and Christian et al¹¹ were summarized.⁹

In addition to the reports cited by Han et al⁹ from the medical dermatology literature, the successful use of surgical bolsters for the treatment of auricular pseudocyst also has been previously reported in the dermatologic surgery literature. In the March 1991 issue of the *Journal of Dermatologic Surgery and Oncology*, Cohen and Katz¹² described the successful treatment of an auricular pseudocyst utilizing sterile button bolsters. After incision of the cystic lesion, shaving the cartilaginous tissue lining the cavity, and applying trichloroacetic acid 50% to both intracartilaginous walls, button bolsters were sutured to the anterior and posterior external ear to close the intracartilaginous cavity and maintain compression of the pseudocyst. This use of buttons as a surgical bolster resulted in successful resolution of the patient's auricular pseudocyst by allowing the maintenance of adequate local pressure to the ear while relieving the tension across the wound.¹²

Sincerely,
Philip R. Cohen, MD
Bellaire, Texas

The author reports no conflict of interest.

REFERENCES

1. Cohen PR, Grossman ME. Pseudocyst of the auricle. case report and world literature review. *Arch Otolaryngol Head Neck Surg.* 1990;116:1202-1204.
2. Karakshian GV, Lutz-Nagey LL, Anderson R. Pseudocyst of the auricle: compression suture therapy. *J Dermatol Surg Oncol.* 1987;13:74-75.
3. Cohen PR, Grossman ME. Pseudocyst of the auricle. *Am J Med.* 1990;89:249-250.
4. Secor CP, Farrell HA, Haydon RC III. Auricular endochondral pseudocysts: diagnosis and management. *Plast Reconstr Surg.* 1999;103:1451-1457.
5. Ophir D, Marshak G. Needle aspiration and pressure sutures for auricular pseudocyst. *Plast Reconstr Surg.* 1991;87:783-784.
6. Lim CM, Goh YH, Chao SS, et al. Pseudocyst of the auricle. *Laryngoscope.* 2002;112:2033-2036.
7. Adnot J, Salasche SJ, West RW. Button bolsters in dermatologic surgery. *J Dermatol Surg Oncol.* 1989;15:59-61.
8. Talaat M, Azab S, Kamel T. Treatment of auricular hematoma using button technique. *ORL J Otorhinolaryngol Relat Spec.* 1985;47:186-188.
9. Han A, Li L-J, Mirmirani P. Successful treatment of auricular pseudocyst using a surgical bolster: a case report and review of the literature. *Cutis.* 2006;77:102-104.
10. Paul AY, Pak HS, Welch ML, et al. Pseudocyst of the auricle: diagnosis and management with a punch biopsy. *J Am Acad Dermatol.* 2001;45(suppl 6):S230-S232.
11. Christian MM, Mink KR, Wagner RF Jr. Asymptomatic swelling of a man's ear. auricular pseudocyst. *Arch Dermatol.* 1998;134:1627, 1630.
12. Cohen PR, Katz BE. Pseudocyst of the auricle: successful treatment with intracartilaginous trichloroacetic acid and button bolsters. *J Dermatol Surg Oncol.* 1991;17:255-258.