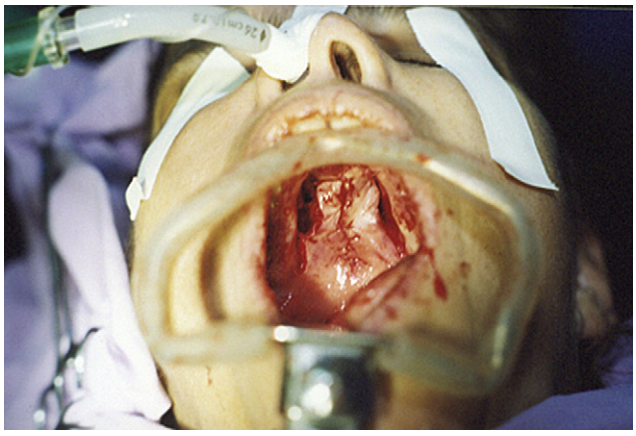

Figure 5

Figure 6

relation between female gender and palate perforation is suggested. Another relation between ANCA serology and cocaine abuse with mucosal lesion is also becoming clearer but requires further study.

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Henrique Ladvocat Cintra
Filipe V. Basile
Tatiana T. Tournieux
Ivo Pitanguy
Ivo Pitanguy Institute, Department of Plastic Surgery, Pontifical Catholic University of Rio de Janeiro, Rio de Janeiro, Brazil
E-mail address: fibasile@gmail.com

Antonio Roberto Basile
Clinica Basile Medical Center, Plastic Surgery Department, Ribeirao Preto, Sao Paulo, Brazil

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Symptomatology and correction of the posteriorly-rotated ear[☆]

Minor auricular deformities, including prominent ears, are a common congenital problem with prominent ears affecting 5% of the Caucasian population.[1] They can be the cause of much embarrassment and unwanted attention for the patient with psychological and behavioural consequences. Patients are usually extrinsically sensitised to their ears following teasing at school. When surgery to correct this problem is appropriately performed on a sensitised individual, the surgeon is rewarded with a happy patient who demonstrates increased self-confidence postoperatively. Since Ely described the first aesthetic pinnaplasty for prominent ears in 1881,[2] many techniques have been developed. These can broadly be divided into cartilage splitting and sparing procedures; but none of these addresses the vertical axis of the ear. In comparison to ear prominence or deformity, minor abnormalities of the vertical axis of the ear are less noticeable and have been omitted consistently from the commonly used classification systems for congenital ear deformity[3] and prominent ear assessment.[4] Studies of normal ears, to aid in ear reconstruction, have shown that the vertical axis of the normal ear is rotated posteriorly by approximately 20°.[5] Abnormally posteriorly-rotated ears may be the source of the complaint for a patient requesting an aesthetic pinnaplasty. We present such a case, consider the patient's unusual physiognomical presenting complaint, and describe our (simple) surgical correction of his mild Stahl's deformity and over-rotated ears.

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Figure 1 Preoperative photographs of the patient.

Case report

A 36-year-old male teacher and dancer complained of the abnormal appearance of his ears. He was intrinsically (self) sensitised (denied having been teased) and complained that no one 'took him seriously' because the appearance of his ears gave him an 'elfin' or 'windswept' appearance. He requested surgical correction.

On examination the patient's ears did indeed appear unusual, but the reason for this was not immediately apparent. His ears were not prominent: the apex of each helix being less than 2 cm from the side of his head. Frontal, oblique and lateral photographs were taken (Fig. 1) and the patient was offered a second consultation. On studying the photographs, a mild Stahl's deformity of the right ear was easily seen, and then it was noted that the

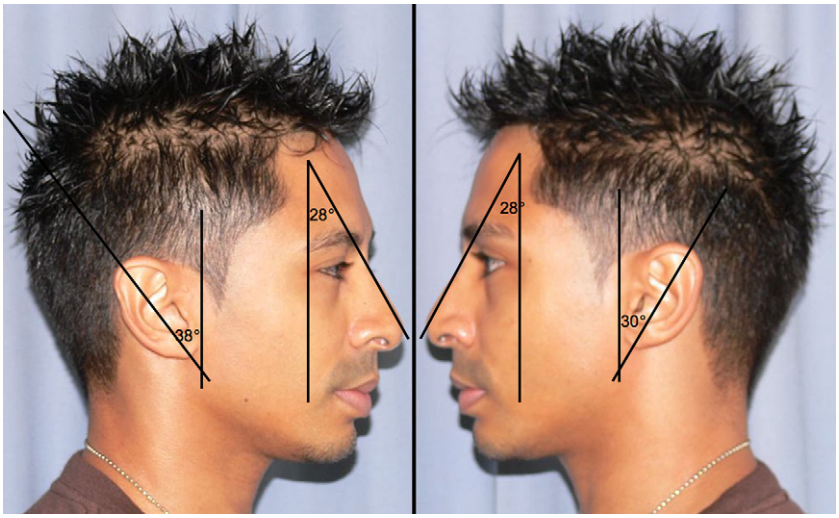

Figure 2 Preoperative lateral view of patient with the axis of the ears compared with the axis of the nose.