CASE REPORT

A 9-month-old, full-term, healthy female infant presented with a 1-month history of skin eruptions on her left auricle. There was no other specific medical history. On examination, there were two erythematous shiny nodules on her left ear (Fig. 1). One on the antihelix was 7 mm in size with an ulceration in the center. The other was on the helix and was 2 mm, with a smooth surface. The larger nodule was excised with the specimen submitted for pathology examination (Fig. 2).

According to the patient's family, she was habitually put to sleep on her left side since birth. Two months before the onset of eruptions, she had began to sleep on a hard pillow filled with green bean shells (Fig. 3). There was no history of trauma or extensive sun exposure. We recommended that her family change the patient's sleeping positions and switch to a soft pillow. Six months later, the smaller nodule had resolved spontaneously and there was only a tiny scar where the larger nodule had been excised (Fig. 4).
DIAGNOSIS: Chondrodermatitis Nodularis

DISCUSSION

Chondrodermatitis nodularis (CN) typically presents as a solitary, tender, erythematous nodule, usually with central crusting and ulceration, on the helical rim or less commonly the antihelix of the ear. CN typically affects middle-aged to elderly patients. It is extremely rare in childhood. In a series of 94 patients with CN, 95% were between 50 and 80 years of age. After reviewing previous reports of CN, we found only one case report of a patient under the age of 20 years. It was an 8-year-old girl with childhood dermatomyositis and bilateral CN. The authors suggested that a decreased ability to change her sleeping position because of dermatomyositis-induced weakness resulted in pressure ischemia of the ear, leading to CN.

The skin of the helix and antihelix is relatively thin and tautly stretched over the cartilage of the ear, so it is vulnerable to minor trauma, and pressure during sleep is considered to be important source of trauma. Large earpieces worn by telephone operators, wimples worn by nuns, cell phones, and headphones have also been reported to cause CN. Our patient's history of always sleeping on her left side plus the use of a very hard pillow are consistent with the presumed pathogenesis of CN.

Numerous treatments have been suggested for CN. These range from relief of pressure by protective padding or intralesional steroid injection to carbon dioxide laser excision, excisional surgery, or excision of cartilage. In our case, there was no recurrence after the larger CN was excised and relief of pressure allowed for spontaneous resolution of the smaller nodule.

REFERENCES