Correcting Deformities of the Aged Earlobe

An earlobe that appears aged or malpositioned can sabotage the results of a well performed face lift. The most frequently noted sign of a naturally aged earlobe is increased length. Improper planning of face lift incisions may also result in disfigurement of the ear. The author suggests simple excisional techniques to correct the aged earlobe, as well as methods to avoid subsequent earlobe distortion when performing a face lift. (Aesthetic Surg J 2005;25:194-196.)

The appearance of the earlobe is an important aspect of facial rejuvenation that, unfortunately, is often overlooked. Some deformities of the ear associated with aging are natural in origin, such as increased length and unattractive creasing. Other deformities are the result of improperly planned face lift surgery and usually involve poor positioning or downward pull of the earlobe.

This article presents a simple technique for improvement of the naturally aged earlobe and avoidance of earlobe positioning problems that can occur when performing a face lift. An excellent article by Taub and another by Pennisi et al describe corrections of ear deformities caused by accidents, congenital defects, tumors, and postoperative results of face lifts. Brent has published much about correction of microtia, including earlobe deformities.

One should, of course, begin with a basic understanding of the anatomy of the earlobe. The earlobe is formed from the second branchial arch, and the greater auricular nerve supplies sensory innervation. It has connective tissue for support and is composed of skin and subcutaneous fat without cartilage. The superficial temporal artery supplies the anterior surface. The postauricular artery adds additional blood supply to the anterior surface, supplies blood to the posterior surface, and sends branches through the earlobe.

Correction of the Naturally Aged Earlobe

In some individuals, as they age, the earlobes may elongate and become creased. The tendency for this type of deformity is often familial. When a person with aging earlobes undergoes facial rejuvenation surgery that makes them look as much as 15 or 20 years younger, the appearance of the earlobes is noticeably out of sync with their new, more youthful look. Fortunately, surgical correction of the aged earlobe is easy to perform, consistently pleasing to the patient and, usually, the repair is not detectable (Figure 1).

Start by marking the amount of excision necessary to reduce the earlobe to an appropriate size that is consistent with a youthful appearance (Figure 2). Surgery may be performed with the patient under local anesthesia; an injection behind and in front of the ear in a “V” pattern provides complete numbing of the ear.

If the earlobe is wide and long, use a wedge excision to reduce both dimensions (Figure 3, A). A wedge incision will also allow you to eliminate a deep vertical crease. Close with continuous running 6-0 black nylon (Figure 3, B). If the earlobes also have a withered appearance, add volume by injecting a small amount of fat.

Other Earlobe Deformities Associated with Aging

It is not uncommon to observe an improperly positioned earlobe after face lift surgery. In such cases, the earlobe may be either in line or anterior to the long axis of the ear rather than in its optimal position, 12 to 15 degrees behind the long axis of the ear. Excessive skin excision around the earlobe during a face lift may result in downward pull of the earlobe, not only distorting the ear but also diminishing the positive results of the face lift. This problem can be avoided, and the natural earlobe/cheek junction preserved, if incisions are made so that a small cuff of cheek skin is left around the earlobe.
Figure 1. A, Preoperative view (with markings) of a 58-year-old man whose earlobes have progressively lengthened with age. B, Postoperative view 1 year after earlobe reduction by excision of the excessive tissue along the earlobe margin.

Figure 2. A, Preoperative view of a 62-year-old man with earlobes that have increased in length with age. B, Demonstration of markings for excision of the excessive length along the inferior margin of the earlobe. C, Excision technique using a pointed knife. D, Tissue is excised so that the scar will be along the precise edge of the earlobe. E, Postoperative view 1 year after earlobe excision demonstrates a more youthful appearance of the earlobe.
Patients are extremely pleased when a youthful and more natural appearance of the earlobe is restored. These simple techniques for correction of the elongated earlobe and avoidance of the poorly positioned earlobe associated with face lift surgery can go a long way toward achieving patient satisfaction with facial rejuvenation.

References

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