Response to "Re: 'Decision Making in the Choice of Surgical Management for Preauricular Sinuses with Different Severities'"
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We thank Dr. Lee for his comments on our article. Nevertheless, we would like to respond to a few points raised by Dr. Lee.

In the study, one of the factors influencing the choice of surgical approach was the formation of a fistula with 2 openings, both of which may be situated at variable distances, different planes, or both. If the 2 openings are situated at a close distance or if the infected preauricular fistula results in a limited necrotic area, local wide excision may be an adequate surgical procedure because fistula openings may be included within the skin incision, allowing for total removal of the lesion. However, if there are separate openings with a longer distance (despite congenital or iatrogenic holes) or the openings are not at the same plane of the skin surface, a figure 8 incision with extended fistulectomy would be preferred because this technique not only provides wide exposure of the surgical field but also can preserve more intact skin. In contrast, when using a local wide excision, a substantial amount of normal adjacent tissue would be sacrificed between the 2 openings, and extra normal skin sacrifice may also be needed to avoid a dog-ear defect (Figure 1). Therefore, the degree of skin tension would greatly increase during wound closure using traditional local wide excision, leading to poor cosmetic outcomes. It is very important to determine the proper incision approach when dealing with fistulas with 2 openings.

At our institution, removal of auricular cartilage during preauricular sinusectomy or fistulectomy is routinely performed to minimize the recurrence rate. Hence, there were no differences in the percentage of ears that received this procedure between the 3 approaches. On the other hand, a significant difference was observed in the recurrence rate between groups II and III. One of the reasons poorer outcome was observed in group II may be that the group included more revision patients (n = 8), with 4 of them showing recurrence later. Therefore, we could not make a definite conclusion on the role of the skin incision approach in postoperative outcomes.

Finally, one point that needs to be emphasized in the study is that both traditional local wide excision and figure 8 incision provided adequate surgical field exposure to remove the entire inflamed soft tissue, but the latter achieved a more satisfactory cosmetic outcome.

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References
