

She Got an Earful

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History

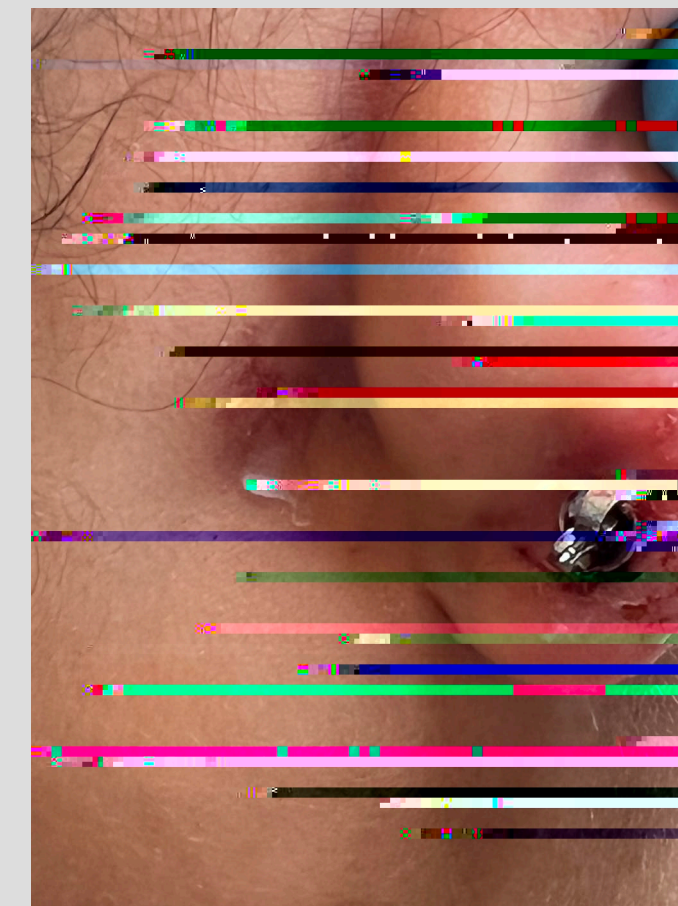
21 yo female collegiate soccer student athlete

Injured during a match, playing with newly pierced ears

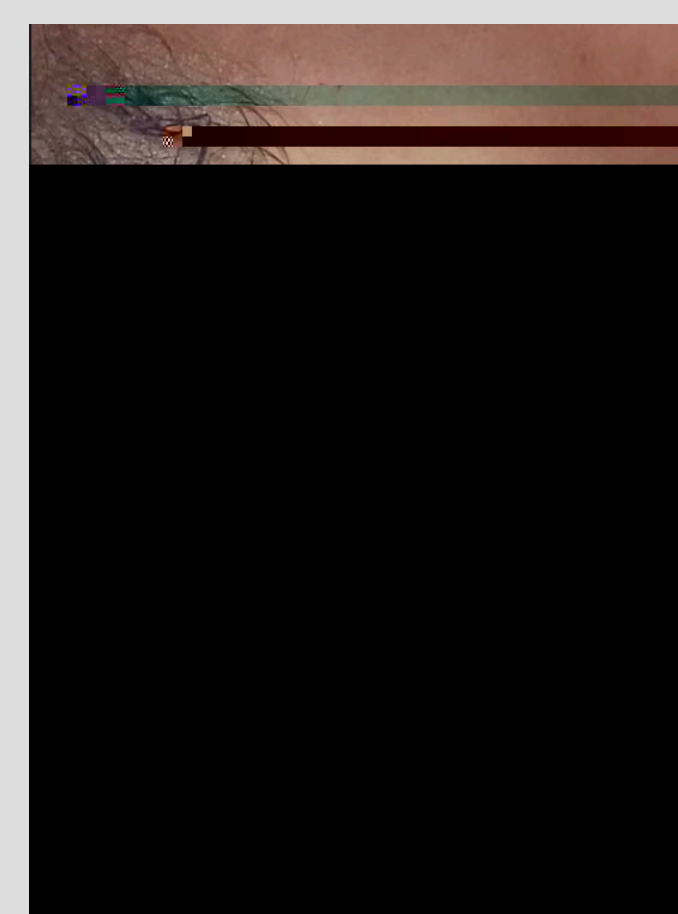
- o Pierced 4 weeks prior
- o Did not remove earrings during match play
- o Placed plastic bandage strips over her ears to "protect" them

During play, she backed into another athlete

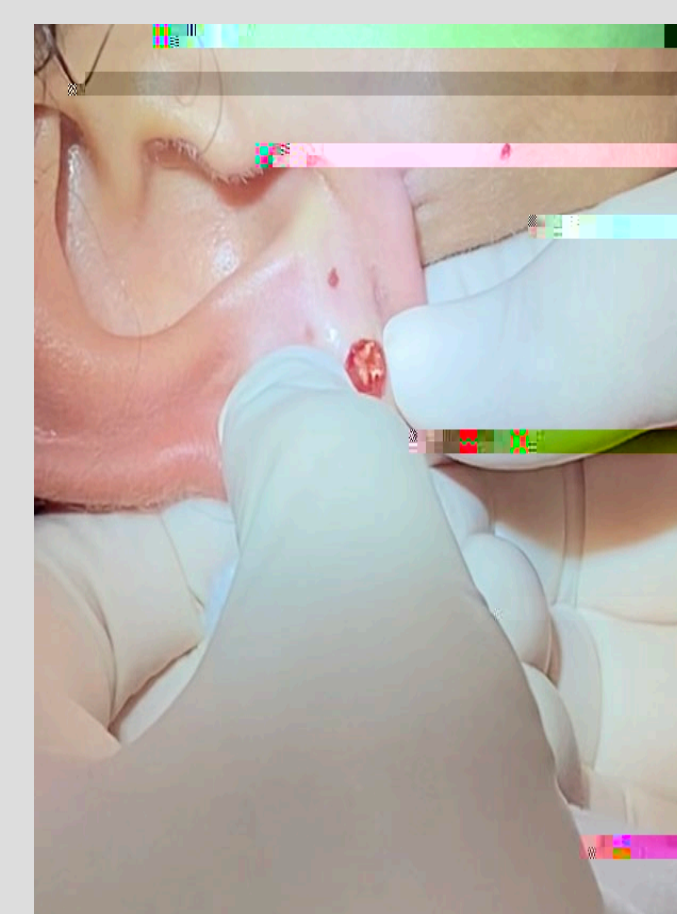
- o Opposing player's head made contact with her ear
- o The anterior aspect of her earring was pushed partially through her lobe with the stud becoming embedded in the earlobe
- o The point of the post lacerated the skin anterior to the mastoid bone



Posterior Right Ear
Laceration behind ear;
hemostatic with
skin glue



Injured right ear after
inferior auricular nerve
block; locating stud



Earring dislodged from
earlobe and then
removed



- 1.5 cc of 1% Lidocaine without epinephrine used in ring block fashion
 - 25G 1 1/2" needle was inserted inferior to the lobe and directed posteriorly toward the mastoid bone and then redirected anteriorly with another 1.5 cc's injected
- Earring stud was noted to be displaced dorsally and proximally. The earring back was loosened and the earring was angled toward the skin opening. Traction was provided and the post was pressed anteriorly, allowing the earring to be popped out of the earlobe.
- Educated on wound care

This figure demonstrates the procedure to provide adequate ring block anesthesia to the ear. As our patient's earring was in the lobe, we were able to adequately numb the area using sites one and two. If the piercing was in the helix, conch, tragus, or daith, then the patient would require the entire four sites placed for adequate local anesthesia. No epinephrine should be used in this injection due to concern for possible skin necrosis.

Final Diagnosis

Stud Earring Embedded into Earlobe after Trauma During a Soccer Match

Estimated 85% of women in the USA have their ears pierced
A 2017 study of 345 people regarding presence of earlobe piercings, 84% of the women and 64% of the men responded yes

Ear piercing is common for several reasons to include aesthetics, self expression, trends/fads, culture/tradition, religion, peer pressure, or rebellion.

Complications can occur to include split or cleft earlobes, bleeding, embedded jewelry, infections to include cellulitis and perichondritis, metal allergy dermatitis, keloids, or hypertrophic scarring.

Embedded earrings: posterior aspect more common

Sliding back prong can help prevent this

Anteriorly, a wider base helps prevent

Related to athletics, PREVENTION is the most important aspect.

Removal for practice, matches, and sleeping

The NCAA handbook specifically states:

A player shall not wear anything that is dangerous to themselves for any player (4.2.1)

widespread anesthesia; preferred over local infiltration
anesthetic which may blur skin planes

Outcome and Return to Activity

- The patient was counseled to leave the earring out for 6-8 weeks to allow the area to heal.
- She was encouraged to remove the other earring to prevent this from occurring on the opposite side.
- She should choose a wider base in the future.
- She received a Tdap booster.
- She returned to training and matches with no further issues or signs of infection. The wound is healing well.