

UNILATERAL RED EAR

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A unilateral red ear can be a common presentation in angioedema, leprosy, lupus vulgaris and contact dermatitis. Here we present an unusual case due to tinea incognito.

Key Words : Red ear, Tinea incognito

Introduction

Unilateral red ear can be a presenting sign in various dermatological conditions. We in India, commonly observe angioedema, leprosy, lupus vulgaris, cellulitis in insulin dependent diabetes, chilblains, trauma, tic-induced, seborrhoeic dermatitis and contact dermatitis due to various preparations.¹

A rare etiology of this condition is presented below.

Case Report

A 58-year-old man presented with a two month history of red right ear at our Daryaganj clinic in mid December 1993. The condition had earlier started as annular, erythematous scaly, mildly pruritic lesion of the right ear lobe for that the patient was recommended flucinolone acetonide 0.025% ointment twice daily by his personal physician.

After a month of meticulous application and stoppage of treatment he observed reddening of his whole ear with infiltration scaling and nodules. At this stage he was referred to our clinic.

Laboratory investigation that included slit smear, complete blood count, blood and urine sugar, Montoux and lepromin tests were all

within normal limits. However, scraping done with 10% potassium hydroxide revealed the presence of fungal hyphae. Patient had no history of AIDS and his ELISA test was negative.

Patient was prescribed micronized griseofulvin 250mg per day. One month later, the lesion responded with resultant disappearance of redness and scaling.

Comments

Red ear has been reported in literature due to various causes that may result from geographical distribution, occupation, climate, personal habit and disease.

Idiopathic or insect bite related angioedema is perhaps the commonest. Often unilateral red ear occurs in persons exposed to continuous radiant heat as in brick workers and labourers exposed to sun (solar urticaria). Leprosy and lupus vulgaris may sometimes present as this condition due to various local applications before diagnosis. Mild seborrhoeic dermatitis may flare up due to steroids and/or infection presenting as red scaly ear. In winter, we often see red swollen violaceous pinna turning red in a heated room due to chilblains.¹ Unilateral distribution is related to the peculiar way the turban is worn exposing only a single ear (Rajasthan). Trauma both accidental and artefactual may cause this problem.¹

Several cases of red ear has been reported due to topical medication¹ like

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penicillin, neomycin, gentamycin, framycetin, chloramphenicol, vioform, bacitracin, and phenylephrine in ear drops.² Recently, red ear due to sleeping on nickel stud has also been reported.³

Streptococcal cellulitis¹ (SC) and candidal infection of one ear in diabetics often present as red ear. Similar picture may occur in leishmaniasis. Chronicity of SC ultimately leads to elephantiasis nostrus verrucosa. However, diseases like chondrodermatitis and pericondritis¹ should also be kept in mind.

By scanning the world publication (Medline) we did not find the description of

ulilateral red ear due to tinea incognito. Therefore, we suggest that tinea incognito should be included in the differential diagnosis of unilateral red ear.

References

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