(Refer to page 167)

**Answer: Embedded ear ring**

The patient was started on oral antibiotics and an analgesic. Her condition improved with treatment, with reduction of oedema and pain. The hard mass inside the earlobe, which was the gold ear ring, was palpable. The ear ring was removed under local anaesthesia and the wound healed well upon follow-up in the clinic.

Ear piercing is a long held tradition in this part of the world. Body piercing on the other hand is a different phenomenon. It is done mainly for cosmetic purpose. This traditional practice has been widely accepted in the community because of its low risk for developing complication.

Although high ear piercing has gained popularity recently, the ear lobe traditionally has been the popular site to be pierced because of its fatty tissue content. Although it is more fashionable, piercing cartilaginous part of the helix as in high ear piercing can lead to the severe complication of perichondritis. Due to the poor vascular supply, this can further predispose to infection. Finally, any inflammation may heal with cosmetically unacceptable cauliflower shaped pinna.

Although relatively safe, ear lobe piercing is not without complication. Common complications include keloid formation and allergic reaction. In severe cases, chondritis, perichondritis and abscess formation may occur. ¹ When infection occurs, the natural process of inflammation and oedema will reside. Swollen surrounding tissue will engulf the ear ring and make it temporarily invisible.

Few factors have been identified that contribute to the occurrence of embedded ear ring. These include improper aseptic or poor technique and ear piercing at a very young age. ² Apart from that, the design of the ear-ring is also an important factor leading to migration. ³ In our case, the ear ring was still embedded even after the acute inflammation had settled. Surgical intervention was required to remove the embedded ear ring.

**REFERENCES**