

Reply: “Nonsurgical Correction of Congenital Ear Anomalies: A Review of the Literature”

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Sir:

We would like to thank Ha et al for their letter to the editor and their elaboration on our review on the nonsurgical correction of congenital ear anomalies.¹ As stated in their letter, insurance coverage is of problematic concern in the use of nonoperative methods to correct congenital ear anomalies. As their data show, only 7% of American insurance companies had policies on the use of these treatment methods, suggesting a persevering ignorance, despite the thorough conduction of research. Furthermore, their data showed that of these 7%, only 25% would cover the treatment costs, but only in case of evident hearing loss due to the anomaly. This further indicates an ignorance or lack of acknowledgement of the most impactful consequences of congenital ear anomalies, which are psychosocial rather than auditive.

Hearing loss, according to our literature research, is not considered a justifiable requirement for insurance coverage, as it is not a common and perhaps not even the most impactful consequence of congenital ear anomalies. In fact, hearing impairment in combination with external ear anomalies is usually syndromic or associated with malformations, such as microtia, rather than with deformations.² Psychosocial consequences, however, have been reported in multiple studies in the case of ear anomalies.³ The influence of otoplasty on these psychosocial consequences has been researched and has shown that in some cases, the effects of bullying and social isolation due to the ear anomalies will last even beyond achieving correction,⁴ despite usually improving self-confidence and self-esteem, even in adults.⁵

It should be considered strange that a health insurance company makes an exception for a rare, perhaps unrelated condition, such as hearing loss, but it is even more strange that none of the health insurance companies seem

to consider the mental well-being of their clients. With our review, we can only hope to stimulate health insurances to recognize the potential of early nonoperative correction of congenital ear anomalies and start to consider ear molding as a preventive measure not only for surgery, but also for psychosocial consequences related to congenital ear anomalies, later in life.⁶

In conclusion, there is a need for acknowledgement of the psychosocial effects of congenital ear anomalies and the advantages of early nonoperative correction methods by health insurance companies internationally.

DISCLOSURE

Dr. Feijen is an importer of the EarWell molding system in the Netherlands. The other authors have no financial interest to declare in relation to the content of this article. The study received no funding.

REFERENCES

1. Ha M, Badiei B, Onyima C, et al. Non-surgical correction of congenital ear anomalies: a review of the literature. *Plast Reconstr Surg Global Open*. 9:e3554.
2. Cubitt JJ, Chang LY, Liang D, et al. Auricular reconstruction. *J Paediatr Child Health*. 2019;55:512–517.
3. Jones ES, Gibson JAG, Dobbs TD, et al. The psychological, social and educational impact of prominent ears: a systematic review. *J Plast Reconstr Aesthet Surg*. 2020;73:2111–2120.
4. Bradbury ET, Hewison J, Timmons MJ. Psychological and social outcome of prominent ear correction in children. *Br J Plast Surg*. 1992;45:97–100.
5. Papadopulos NA, Niehaus R, Keller E, et al. The psychological and psychosocial impact of otoplasty on children and adults. *J Craniofac Surg*. 2015;26:2309–2314.
6. Joukhadar N, McKee D, Caouette-Laberge L, et al. Management of congenital auricular anomalies. *Plast Reconstr Surg*. 2020;146:205e–216e.

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