Chondrodermatitis nodularis chronica helicis

Sir,

A 48-year-old otherwise healthy man presented with a 3-year history of a small painful nodule on the right ear. There was aggravation of pain whenever the patient slept in right lateral position. There was no history of trauma. On examination, the free border of the right helix showed a dome-shaped, firm nodule with central crusting [Figure 1]. It was tender on palpation. No cervical lymphadenopathy was observed. Clinical differentials included chondrodermatitis nodularis chronica helicis (CNCH), actinic keratosis, milia, and keratoacanthoma. Histopathology of the lesion showed sharply-defined, centrally-depressed ulcer covered by a hyperkeratotic parakeratotic stratum corneum. The adjacent epidermis showed remarkable acanthosis and hyperkeratosis. The base of the ulcer showed eosinophilic degeneration of collagen and solar elastosis, surrounded by mild lymphomononuclear infiltrate [Figure 2a and b]. Underlying cartilage was not seen in the section. Considering clinical and histopathological findings, diagnosis of CNCH was made.

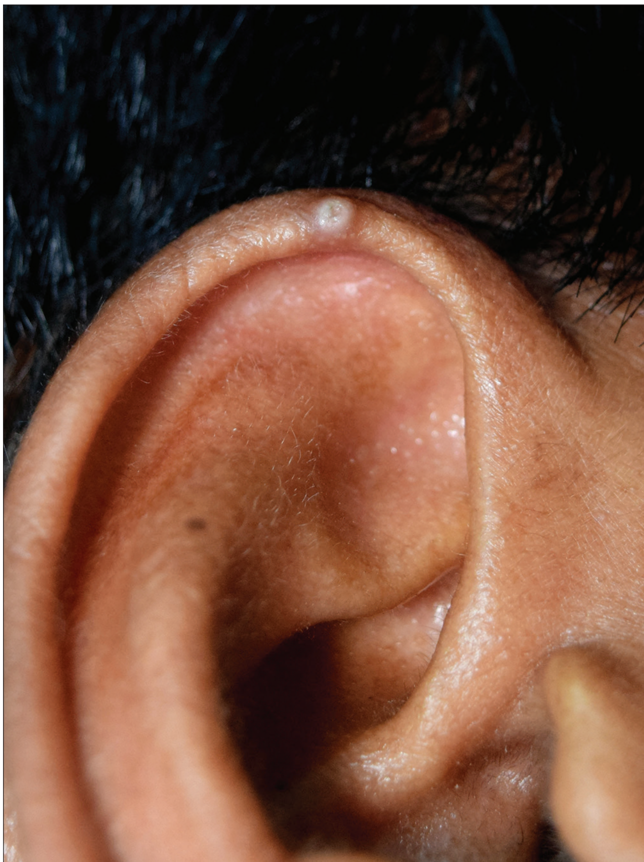

Figure 1: Solitary umbilicated nodule with central crust

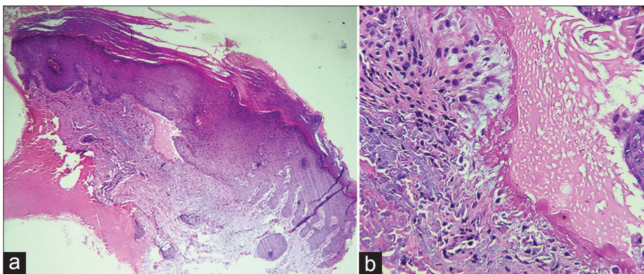

Figure 2: (a) Eosinophilic degeneration of collagen, fibrin deposition, and solar elastosis underlying focal epidermal ulcer. Surrounding Epidermis is acanthotic (H and E, ×40). (b) Collagen degeneration and fibrin deposition surrounded by mild mononuclear infiltration. Note prominent solar elastosis (H and E, ×400)

CNCH results from ischemic damage to the cartilage and collagen, and is usually seen on the helix in men and the antihelix in women.[1] CNCH is most commonly seen in men aged 58–72 years and affects the right ear more frequently. Bilateral occurrence and multiple lesions on one ear are known, but rare. Most commonly, it presents as 4–5 mm or larger skin-colored tender papule with a central crust, fixed to the underlying cartilage. Other presentations include nodular, cystic, and keratotic forms.[1] Wedge-shaped excision was considered the treatment of choice by many authors, however, this treatment modality suffers from recurrence rate as high as 31–34% and postoperative asymmetry of the ears.[1,2] Other treatment modalities include curettage/electrocauterization, cryotherapy, CO_2 laser, Argon laser, triamcinolone injections, collagen injections, topical glucocorticoids, and topical nitroglycerin.[1,3] Recently, auricular pressure releasing cushions including “doughnut”-shaped cushions have shown promising results and are becoming a popular choice in the treatment of CNCH.[3]

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Conflicts of interest

There are no conflicts of interest.

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