Case report

Cervical aurical: A rare congenital anomaly in a one year old girl


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ABSTRACT

One year old girl presented with history of a polypoidal neck lesion. This was present at birth and remained asymptomatic and parent’s only worry was nature of the lesion. She underwent surgical exploration and histopathology of the lesion showed hyaline cartilage covered with skin. (Rawal Med J 2010;35: ).

Key words: Cervical auricle, congenital anomaly.

INTRODUCTION

What we see frequently is the accessory auricle but its presence at neck is rare. It is usually single but may be multiple. The incidence of unilateral and bilateral lesions has been reported as 1.7:1000 and 9-10:100,000 respectively with a male to female ratio of 2:1. Cervical auricle is a congenital cartilaginous rest of the neck that presents as a firm nodule in the lower anterior neck near the insertions of the sternocledomastoid muscle. Cervical auricle is also known as wattle, cervical tab, Meckel’s cartilaginous remnant, and elastic cartilage choristoma. Cervical auricles have been reported in lower animals on same anatomical site with similar morphology as reported in humans. Hereditary history was noted in animals with cervical auricle. We report a recent case of cervical auricle referred to our hospital.

CASE PRESENTATION
A one year old girl presented with a history of left sided polypoidal neck lesion present since birth. On examination, the lesion was painless pedunculated, elongated, about 1x1.5cm in size; non tender, normothermic and freely mobile. It was located in the anterior triangle of neck on left side over middle 3rd of sternocliedomastoid muscle (Fig 1).

**Fig 1. Lesion in neck.**

The girl was otherwise asymptomatic and the parents’ only concern was its cosmetic appearance. Her baseline investigations were within normal limits. Excision biopsy was performed which confirmed cervical auricle on histopathology with findings of hyaline cartilage covered with skin (Fig 2).

**Fig 2. Hyaline cartilage covered with skin.**
DISCUSSION

Neck swelling in a child is a common problem; hence knowledge of differential diagnosis and their management is essential for a clinician. Although most of the neck swellings in children are caused by local infection (lymphadenopathy) or congenital anomalies, a significant number of malignancies can present as neck masses. If diagnosis is uncertain, excision and histological diagnosis is essential. In case of congenital swellings, a thorough understanding of the embryological development of the head and neck is mandatory in order to plan appropriate management.

The suspicion of any congenital anomaly warrants thorough investigation for other associated anomalies and counseling with parents should be essential as familial preponderance of cervical auricle has been reported. All suspicious lesions should ideally be reported by attending obstetrician/pediatrician so that a thorough examination should be carried by a team of experts. In our part of world, it is usual tendency to neglect such examination with the results that even innocent congenital lesion lead to drastic social problem for the patient in his/her adult life.
Cervical auricle, although rarely, may be associated with congenital malformations involving the first and second branchial arches.\textsuperscript{2,4,6} In present case, the location of cervical auricle on the middle third of the sternocleidomastoid is contrary to its usual situation near its insertion\textsuperscript{1,2} and is unique and has not been described previously. It is, therefore, recommended that its presence warrant thorough evaluation to assess any associated developmental defects.

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