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Left swollen ear

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CASE REPORT

A 75-year-old man complained of a painful, left swollen ear from two days. Four days earlier, he had injured his face near the left ear with a razor while shaving. On the day of consultation, his left ear was reddish with diffuse swelling (Figure 1). On physical examination, his external auditory canal and tympanic membrane were intact. Body temperature was 37.6°C, and heart rate was 86 beats per minute. Blood laboratory examination reported white blood cell count 11,720/µL, hemoglobin 15.1 g/dL, platelet count 217,000/µL, total protein 7.0 g/dL, albumin 4.1 g/dL, AST 29 IU/mL, ALT 24 IU/mL, LDH 196 U/mL (normal range: 106-211) fasting blood sugar level 98 mg/dL, Na 139 mEq/L, K 3.7 mEq/L, Cl 105 mEq/L, Ca 9.1 mg/dL C-reactive protein 6.52 mg/dL. Leukocytosis and elevated CRP value were recognized. The differential diagnosis included erysipelas, perichondritis, contact dermatitis, and the early stage of herpes zoster. Bacterial culture of skin eruption was performed. And this case was finally diagnosed as *Staphylococcus aureus*-induced, left ear erysipelas. After intravenous administration of 3g of ampicillin sodium/sulbactam sodium every 8 hours (9 g/day), the swollen ear improved.

DISCUSSION

Bacterial skin infections are common disease, which general physicians often experience. Cellulitis is caused by bacterial skin (dermis and subcutaneous tissues) infection, and erysipelas is one form of cellulitis with dermis [1, 2]. Generally, cellulitis and erysipelas affect the lower limbs and the face, and the term of erysipelas is used when affecting the face [1]. Erysipelas commonly caused by Streptococci infection. Sudden onset of chills, local erythema and swelling with superficial lymphatics are shown. Like this case, small-margined erythematous lesions and swelling by superficial dermal inflammation are characteristics of erysipelas [1]. Since the auricle contains less subcutaneous tissue than other parts of facial skin tissue, wounds seldom progress into cellulitis [2, 3]. A reddish ear, as seen in this case, is called Milian’s ear sign and is recognized as one of the specific findings of erysipelas [3].

CONCLUSION

A case of swollen ear was reported. When recognizing Milian’s ear sign, possibility of erysipelas should be considered.

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Consent Statement
Written informed consent was obtained from the patient for publication of this clinical image.

Conflict of Interest
Author declares no conflict of interest.

Data Availability
All relevant data are within the paper and its Supporting Information files.

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