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## The use of modified bespoke nasal splints to treat an infected pinna collection

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**Background:** An infected pinna collection is a serious otological condition that can lead to cosmetic and audiological sequelae. They are often secondary to a piercing. *Pseudomonas aeruginosa* has been found to be the most common pathogen. There is no general consensus in the literature regarding management. The use of modified nasal splints has been described to treat a perichondria hematoma and we describe a similar technique to treat an infected pinna collection

**Technique:** The ear should be prepared with appropriate antiseptic solutions and injected with Lignospan Special® (2% Lidocaine hydrochloride with 2% Adrenaline 1: 80 000). A full-thickness 2-3cm skin incision should be made along the helical crease on the lateral aspect of the pinna. The pus must be irrigated with copious sodium chloride solution. Necrotic tissue should be debrided. The incision should not be closed. Exmoor® nasal silicone splints should be cut to fit under the helix. These should be used to sandwich the pinna with the use of 3 non-absorbable monofilament mattress sutures to prevent further infection. We recommend the use of Jelonet® in between to prevent excessive pressure. The patient should continue on anti-pseudomonal intravenous antibiotics until improvement is seen, when they can be converted to an appropriate oral equivalent. The patient should be reviewed in one week to remove the splints. We have had good outcomes for two patients treated this way at one month after the intervention

**Discussion:** Modified nasal splints act as a mould by providing firm even pressure to the pinna thereby preventing recollection. This reduces fibrosis leading to a 'cauliflower ear'. In addition the splints look clean throughout their use.

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