



## **CHONDRODERMATITIS NODULARIS**

### **What are the aims of this leaflet?**

This leaflet has been written to help you understand more about chondrodermatitis nodularis. It tells you what it is, what causes it, what can be done about it, and where you can find out more about it.

### **What is chondrodermatitis nodularis?**

Chondrodermatitis nodularis is a localised inflammatory disorder affecting the ears. Literally, this Latin/Greek name means an inflammation both of the cartilage (chondro-) and of the skin (-dermatitis) causing a bump (a nodule, hence nodularis). It is common and harmless, but can be painful.

### **What causes chondrodermatitis nodularis?**

This is not fully understood. Perhaps the most important factor is pressure on the skin of the ear, most commonly from sleeping mainly on one side. Other possible contributory factors may include pressure from a telephone, damage from cold and the sun, and a poor blood supply to the ear. However, chondrodermatitis nodularis usually develops without any obvious trigger factor. It affects middle-aged or elderly people, and is more common in men than in women. It is not catching, and is not linked in any way to skin cancer.

### **Is it hereditary?**

No.

### **What are the symptoms of chondrodermatitis nodularis?**

The nodule hurts when pressed, and sometimes when it is cold. The pain can be intense but is usually short-lived, though it can last for as long as an hour.

Very typically, the discomfort occurs when the sufferer lies on the affected ear in bed, and it often disturbs sleep.

### **What does chondrodermatitis nodularis look like?**

There is usually a single lump, often quite small (5-10 mm), frequently located on the outer side of the upper part of the rim of the ear. It may look inflamed and its surface can be scaly or crusty. A small raw area or core is often seen centrally when the crust is removed.

### **How is chondrodermatitis nodularis diagnosed?**

The diagnosis is usually straightforward, based on the history, site and appearance of a tender lump on the ear. If there is doubt, the lesion can be removed under a local anaesthetic (a biopsy) and checked in the laboratory. Just occasionally, a skin cancer or a gouty tophus can appear similar to chondrodermatitis.

### **Can chondrodermatitis nodularis be cured?**

Yes.

### **How can chondrodermatitis nodularis be treated?**

Chondrodermatitis nodularis is harmless and not a skin cancer, but it is painful and a nuisance, and does not go away if left alone. It is therefore usually treated:

- A *non-surgical treatment* may be worth trying first. Reducing pressure on the ear is important.
- An antibiotic cream may help if the pain is being made worse by an infection of the lesion.
- A corticosteroid may be applied as a cream, or injected into the lesion to dampen down inflammation.
- The lesion can be frozen with liquid nitrogen.
- *Surgery*. The focus of chondrodermatitis may be removed by cutting it out, having first numbed the skin with a local anaesthetic injection. Occasionally, it can recur and it is important to avoid pressure on the ear after excising the nodule.

## **What can I do?**

- Try to avoid direct and prolonged pressure on the lesion. For example, alter the way you hold your telephone to the ear if this causes pain. Try to sleep on the other side; make sure your pillow is soft, and consider modifying it by making a hole where the tender area presses into it. A corn plaster may help relieve the pressure.
- Avoid too much exposure to the cold and the sun.

## **Where can I get more information about chondrodermatitis nodularis?**

*Web links to detailed leaflets:*

<http://emedicine.medscape.com/article/1119141-overview>  
<http://www.dermnetnz.info/lesions/chondrodermatitis.html>

**This leaflet aims to provide accurate information about the subject and is a consensus of the views held by representatives of the British Association of Dermatologists: its contents, however, may occasionally differ from the advice given to you by your doctor.**

*This leaflet has been assessed for readability by the British Association of Dermatologists' Patient Information Lay Review Panel*

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