

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 inflammation of the skin of the ear. This Latin/Greek name literally 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 tender when touched.

What causes chondrodermatitis nodularis?

The most important factor is pressure on the skin of the ear, usually from sleeping mainly on one side. Other factors may include damage from cold and the sun, and a poor blood supply to the ear. However, chondrodermatitis nodularis usually develops without an obvious reason. 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. Typically, the discomfort occurs if you lie on the affected ear in bed, when it can disturb sleep.

What does chondrodermatitis nodularis look like?

There is usually a single lump, often quite small (5-10 mm), and typically on the outer side of the upper part of the rim of the ear. It may look red and its surface can be scaly or crusty. A small raw area or core is often seen in the centre 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 nodule can be removed under a local anaesthetic (a biopsy) and checked in the laboratory.

Can chondrodermatitis nodularis be cured?

Yes.

Self care (What can I do?)

- Try to avoid direct and prolonged pressure on the lesion. 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. Self-adhesive 'blister' style dressings can be used at night to relieve the pressure over the affected site.
- Avoid too much exposure to the cold and the sun.

How can chondrodermatitis nodularis be treated?

Chondrodermatitis nodularis is harmless and not a skin cancer. It can be painful and a nuisance, and may not go away if left alone. It can be treated although the treatments themselves can also be painful:

- A corticosteroid may be applied as a cream, or injected into the nodule to try and reduce pain and redness.
- The lesion can be frozen off with liquid nitrogen.
- Surgery. The chondrodermatitis may be removed by cutting it out, having first numbed the skin with a local anaesthetic injection. Occasionally, it can come back after surgery and so it is important to avoid pressure on the ear afterwards.

Where can I get more information about chondrodermatitis nodularis?

Web links to detailed leaflets:

http://www.dermnetnz.info/lesions/chondrodermatitis.html http://www.pcds.org.uk/clinical-guidance/chondermatitis-nodularis-helicis

For details of source materials used please contact the Clinical Standards Unit (clinicalstandards@bad.org.uk).

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: individual patient circumstances may differ, which might alter both the advice and course of therapy 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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