

Preface

Cosmetic and Reconstructive Surgery of Congenital Ear Deformities



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Editor

It is my privilege and great pleasure to introduce this issue of *Facial Plastic Surgery Clinics of North America* with a comprehensive focus on cosmetic and reconstructive surgery of congenital ear deformities. First and foremost, I wish to thank sincerely our many wonderful authors who graciously offered their time, commitment, and world-class expertise in this specialty subject for the benefit of our readership.

With its unique blend of individual subtly, three-dimensional detail, and discrete position on the head, surgery to reshape or reconstruct the ear demands a great deal of skill and attention to detail. The complexity of auricular embryology lends itself to the development of a multitude of ear malformations that spans a broad spectrum. Some of these deformities are more pronounced than others, but all are seen through the lens of symmetry with the opposite ear posing a true challenge of comparison to the surgeon.

No matter your age or background, there is no expertise needed to see asymmetry or malformation—it is preprogrammed into human perception to pick out what is different. In the treatment of

congenital ear deformities, ultimately our patients want a natural, unremarkable ear that blends the gentle and sudden transitions seen in the exquisite architecture and cast of shadows of a normal ear. It is likely these factors of aesthetic nuance that make reshaping or reconstructing an ear so difficult, and in turn, so rewarding an endeavor for patient and surgeon alike.

There is a detail-oriented discipline needed to diagnose the subtle malformation of an auricular subunit or to recognize the global malposition of a lobule-canal remnant. This calculated methodology then gives way to the creative and often individualized solutions for each patient before finally the technical demands of the surgery are called upon.

Somewhat unique to the ear is the expertise needed to know when to intervene for each kind of problem. Our authors bring attention not just to the technical details of the surgery but also to the considerations that dictate the chronology of care. Furthermore, this issue also reviews how those performing aesthetic ear reconstruction need to consider and accommodate the functional auditory problems that often accompany the

more severe ear malformations. This interphase between aesthetic and functional goals makes the global care of the patient a multidisciplinary endeavor between the aesthetic ear surgeon and other specialties such as audiology, otology, anaplastology, and even maxillofacial surgery. In this way, the treatment of congenital ear malformations has become fertile ground for some of the most exciting areas of innovation in facial plastic surgery.

My hope is that this issue sparks the interest and enjoyment of our readers and conveys the

wonderful blend of artistry and ability required for the treatment of congenital ear malformations.

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