



# 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. It is a medical term meaning an inflammation of both the cartilage (chondro-) and of the skin (-dermatitis) causing a bump (a nodule, hence nodularis).

It can be very painful, especially when touched, but is otherwise harmless.

## WHAT CAUSES CHONDRODERMATITIS NODULARIS?

The commonest cause is pressure on the skin of the ear, usually from sleeping on one side but also from some types of headphones, mobile phones or hearing aids. Other factors may include damage from cold, the sun or a poor blood supply to the ear. However, in many cases, there is no obvious cause. It affects middle-aged or elderly people and is more common in men than in women. You cannot catch it or pass it on, and it 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. It may sometimes bleed or discharge.

## 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. See weblink below for photographs.

## 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 local anaesthetic (a biopsy) and checked in the laboratory.

## 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.
- Commercial websites sell 'doughnut' shaped pillows which relieve the pressure over the affected site.

Avoid too much exposure to the cold and the sun. Consider wearing a warm hat that covers the ears.



## CAN CHONDRODERMATITIS NODULARIS BE CURED?

It usually clears within a few months but can come back particularly if pressure is reapplied to the area (for example, while sleeping).

## HOW CAN CHONDRODERMATITIS NODULARIS BE TREATED?

Chondrodermatitis nodularis is harmless and not a skin cancer. It can be treated, although the treatments themselves can be painful and are not always successful:

- A corticosteroid may be applied as a [cream](#) or [injected](#) into the nodule to try and reduce pain, inflammation and redness ([erythema](#)).
- Topical nitroglycerin bought over the counter from a pharmacy may be used as an ointment but may cause headache and skin irritation.
- The lesion can be frozen off with liquid nitrogen.
- It may be surgically removed by cutting it out or by using a laser, having first numbed the skin with a local anaesthetic injection. However, it often comes 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>

<https://patient.info/doctor/chondrodermatitis-nodularis>

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.

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

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### BRITISH ASSOCIATION OF DERMATOLOGISTS

#### PATIENT INFORMATION LEAFLET

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