Otoplasty promotes positive changes in health-related quality of life in children with prominent ears, leading to a high grade of satisfaction

A positive Glasgow Children’s Benefit Inventory (GCBI) was achieved in 93.75% of children, which evidences improvement in health-related quality of life (QOL) after otoplasty. All GCBI subscores were positive, suggesting multidimensional advantage in children life.

**Introduction**

Prominent ears are the most prevalent congenital deformity of the external ear, usually associated with teasing and bullying in school-aged children. Otoplasty can be highly effective in restoring the normal auricular shape.

Our Goal was to evaluate health-related QOL changes in children after otoplasty.

**Methods**

Retrospective cohort study

Inclusion criteria: Children submitted to primary otoplasty in our Department between January 2012 and December 2016, whose parents agreed to collaborate in the study.

**Variables analyzed:**

- GCBI score and subscores (emotion, physical health, learning and vitality)
- Preoperative psychosocial experiences
- Surgical motivation and satisfaction

**Discussion**

Health-related QOL is one of the most important parameter in the evaluation of a therapy regimen. It is multidimensional with physical, psychological and social features.

Our results (table 2, graphic 1) evidence that:

- Most of children with prominent ears have conscience and regrets (72%)
- A significative number had negative psychosocial experiences at school, like teasing (35%) and bullying (7%)
- GCBI score was mainly positive (93.75%) indicating an improved health-related QOL in children after otoplasty. Non-variation (6.25%) was verified in younger children, once they don’t have self-conscious, no significative change in QOL was perceived after surgery. There were no negative scores, which reflects no worsen in QOL
- All GCBI subscores were elevated suggesting multidimensional effects in QOL. “Emotion” and “Learning” were the most improved by otoplasty
- A high degree of satisfaction was obtained (90.63%) after otoplasty. Dissatisfaction (9.37%) was verified in cases of relapse, specially when it was unilateral

**Results**

- N=32
  - Age: 8.88 ± 3.08 (mean ± SD)
  - Sex: 65.6% Male and 34.4% Female
  - Pre-Operative
    - Surgical Motivation: Self-conscious and complaints 72%, Parents wish 28%
    - Psychosocial experiences: Teasing 35%, Bullying 7%
  - Glasgow Children’s Benefit Inventory (GCBI)
    - Score: Mean ± SD 19.30 93.75%, 6.25% Non-Variation
    - Subscores: Emotion 55.21 ± 22.99 45.05, Physical Health 57.33 ± 22.34 46.09, Learning Vitality
  - Surgical Satisfaction: Satisfied 90.63%, Unsatisfied 9.37%

**In the future our goals are:**

Increase our experience in otoplasty and the sample size

Include a control group of children with prominent ears who did not undergo to otoplasty

Design a prospective study

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