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EDITOR—Hanif et al highlight the rising incidence of perichondritis of the pinna after “high” ear piercing. Our own experience adds further information. We found an incidence of 10 cases over the period of July 1998 to October 1999 in a population of 320 000. Nine patients were female, and all were under 20 years of age. The auricular abscess took 2-4 weeks to develop after “high” ear piercing.

On aerobic culture, six cases grew *Pseudomonas aeruginosa* and four cases were sterile. Inappropriate antibiotics were prescribed by general practitioners,

the most popular being flucloxacillin (four cases) and erythromycin (two cases). We agree with Hanif et al that this is a case where ciprofloxacin is the antibiotic of choice in children despite reports of quinolone causing arthropathy in weight-bearing joints of immature animals.¹

Our inquiries at local beauty salons revealed that a sterile prepacked “gun” designed for piercing the lobule is used for “high” ear piercing. This is inappropriate as the “piston” crushes the auricular cartilage, allowing subsequent infection with *Pseudomonas*.

We have found that incision and drainage alone is not adequate treatment.

Incision, drainage, and splinting as described by Nahl et al for auricular haematoma² is required.

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1. *British National Formulary*. March 2000;39:280.
2. Nahl SS, Kent SE, Curry AR. Treatment of auricular haematoma by silicone rubber splints. *J Laryngol Otol* 1989;103:1146-1149.