

WINKLER'S DISEASE

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ABSTRACT: *Winkler's disease otherwise known as chondrodermatitis nodularis chronica helices (CNHC) is characterized by a painful persistent erythematous nodule, mostly located at the rim of helix of pinna. Occurs mostly in men over 40 years of age. Standard therapy is by local excision or carbon dioxide laser vaporization. Recurrence is frequent.*

Key Words: *Carbon dioxide laser; Winkler's disease*

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CASE REPORT

The 59 years old male presented with complaints of recurrent attacks of pain, edema and discharge from right pinna of one-year duration. He had undergone an incision and drainage for an abscess in right pinna in a local hospital one and a half years back. After the incision and drainage he developed recurrent attacks of oedema, pain and discharge in the same site, which was usually relieved by antibiotics. There was no contributory medical illness.

On examination right ear showed a tender swelling over the pinna involving the helix, antihelix, triangular fossa and posterior aspect of the pinna. There was a sinus in the posterior part of pinna through which pus was draining on pressure. External auditory canal and tympanic membrane were normal. Left ear, nose and throat were normal.

All the routine investigations were within normal limits. With a provisional diagnosis of perichondritis right pinna, patient was posted for surgery.

The right pinna was explored under general anaesthesia. An incision was put along the posterior part of pinna behind the helix and the cartilage exposed. The area near the sinus was found thickened and was excised. A small bulge was seen in the temporalis fascia, which was opened, and the temporalis muscle was found necrotic which was also excised. Excised cartilage and muscle were sent for H.P.E. as two separate specimen.

Patient was treated with parenteral Ciprofloxacin and Metronidazole. Postoperative period was uneventful. The sutures were removed on seventh postoperative day. The wound healed with healthy scar. The patient was followed up for 6 months during which he remained asymptomatic with no evidence of recurrence.

The H.P.R report was Winkler's disease (CNCH).

Histopathology

Nodule usually shows ulceration with pronounced irregular acanthosis at its margins, the collagen in its centre show

increased eosinophilia, is often degenerated and is surrounded by chronic inflammatory granulation tissue. The perichondrium adjacent to the lesion is usually involved by the inflammatory tissue, and the nearby elastic cartilage is also often degenerated.

DISCUSSION

Winkler's disease is characterized by a painful nodule commonly found on rim of helix of pinna of Caucasian men over 40 years of age. It is caused by trauma such as frostbite, extremes of temperature. Ageing is also a factor, resulting in thinning of the skin and cartilage, loss of elastic tissue and degenerative vascular and connective tissue.

The lesion begins in the dermis and is followed by fibrinoid necrosis, which accumulate a surrounding zone of granulation tissue. The perichondrium then gets involved leading to degeneration and deformity.

The accepted treatment is surgical removal by local excision of the lesion including a small wedge of underlying cartilage. Alternative treatment is carbon dioxide laser used to vaporize the cutaneous nodule and involved cartilage. Conservative treatment is by using the injectable collagen implants. Photodynamic therapy with five ALA (amino levaleunic acid) induced PPIX (protoporphyrin IX) is a promising new treatment in which symptomatic relief is immediate and recurrence is rare.

REFERENCES

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