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American Journal of Case Reports and Clinical Images



Recurrent Auricular Hematoma Complicated by Cauliflower Ear in a Patient with Autistic Spectrum Disorder: A Case Report



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ARTICLE INFO

Article history:

Received: 16-09-2025

Revised: 27-10-2025

Accepted: 29-10-2025

Published: 31-10-2025

KEY WORDS:

Auricular Hematoma

Autism Spectrum Disorder

Cauliflower Ear

Holistic Care

Self-injurious behaviour

Urgent Care

ABSTRACT

Cauliflower ear is a permanent deformity resulting from repeated blunt trauma to the auricle, causing auricular hematoma and disruption of perichondrial blood supply. While cauliflower ear is typically observed in athletes, it may serve as a physical manifestation of psychological distress in individuals with behavioral disorders. This case involves a male in his late 20s with autism spectrum disorder who presented to the urgent care with a progressive, fluctuant swelling of the right ear following self-inflicted trauma. Examination revealed a 1.8 cm hematoma with erythema, tenderness, and cartilage distortion consistent with evolving cauliflower ear. Initial procedural distress was effectively managed through verbal reassurance and a stepwise explanation of the process, facilitating successful needle aspiration under topical lidocaine anesthesia. Due to the nature of the fluid collection and the patient presenting with distress, multiple aspirations were necessary to achieve complete evacuation. This case highlights the clinical importance of early hematoma drainage to prevent irreversible fibrosis. Furthermore, it emphasizes the significance of trauma-informed care as well as advocating for broader clinical recognition of cauliflower ear as a potential indicator of behavioral health, thereby encouraging interdisciplinary collaboration that includes a holistic approach to address both somatic and psychological needs. Empathetic care, timely intervention, and behavioral prevention strategies are crucial for mitigating deformity and optimizing outcomes. Enhanced awareness and early identification is essential in preventing recurrence and ensuring comprehensive care in this vulnerable population.

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Highlights:

- ❖ Cauliflower ear can develop from untreated auricular hematoma, and can result from repetitive self-injury in individuals with various psychiatric and behavioural disorders.
- ❖ A patient with autism spectrum disorder sought urgent care for ear swelling, highlighting the need to consider behavioral health factors in physical injuries.
- ❖ Managing procedural anxiety through a patient-centered approach can help achieve successful treatment outcomes.

- ❖ Holistic care that addresses both physical injury and underlying psychological conditions is essential in preventing long-term complications like cauliflower ear.
- ❖ This case emphasizes the importance of early intervention, trauma-informed care, and interdisciplinary collaboration in treating vulnerable populations effectively.

Introduction

Cauliflower ear, also known as wrestler's ear, is a complication of an untreated or improperly drained auricular subperichondrial hematoma, which commonly occurs following blunt trauma to the external ear [1,4]. The hematoma leads to disruption of the blood supply to the cartilage, resulting in ischemia, necrosis, and inflammation. Subsequent healing

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and scar tissue formation causing fibrocartilage overgrowth results in permanent alteration in the ear resembling a cauliflower [2,3].

The auricle consists of a cartilaginous subunit that is firmly adherent to the underlying perichondrium [4]. The outer layer of the perichondrium contains blood vessels that supply the cartilage with nutrients and oxygen via the superficial temporal and posterior auricular arteries [4]. An auricular hematoma occurs when there is accumulation of blood between the perichondrium and cartilage, known as the subperichondrial space [2]. The accumulation of blood separates the cartilaginous layer from the perichondrial layer, causing disruption to the perichondrial blood supply to the cartilage, subsequently leading to necrosis and loss of cartilaginous tissue [2,6]. The disorganized healing process and fibrosis results in cauliflower ear deformity [4].

Auricular hematomas are classically associated with pugilistic sports such as boxing, wrestling, rugby, and martial arts [5]. Additionally, they have also been reported in individuals with psychiatric disorders, including autistic patients engaging in self-injurious behavior [7]. Here, we discuss a case of an individual with autism spectrum disorder presenting with cauliflower ear requiring drainage. This case emphasizes the importance of timely drainage of a hematoma thereby leading to reperfusion of the cartilage and reducing the likelihood of a cauliflower ear formation [4].

Case Presentation:

A male patient in his late 20s, diagnosed with Autism Spectrum Disorder, presented to the urgent care with progressive swelling in the right ear requiring immediate drainage. He had a history of hitting his ear against surfaces, thereby injuring himself and had another recent episode, according to his parents. On examination of the right ear, a swollen, protuberant ear was noted with redness and fluctuance in the superior portion, 1.8 cm in diameter, associated with tenderness and loss of cartilaginous subunits. The overlying skin displayed a cauliflower-like appearance. These findings were consistent with a recurrent auricular hematoma and subsequent cauliflower ear formation requiring immediate drainage.

The patient initially presented with significant distress which precluded the drainage procedure, deeming it impossible to continue. However, after taking the time to explain the steps of the procedure to the patient along with positive encouragement and reassurance from the medical team, he was able to achieve a state of relative calm, becoming cooperative and allowing the team to proceed with the needle aspiration and drainage procedure. The pinna and the adjacent skin was prepared and cleaned with antiseptic solution. The area was then anaesthetized with topical lidocaine cream. The most fluctuant part of the hematoma was then identified and aspirated using an 18-gauge needle while milking the hematoma to ensure it was fully drained [4]. This had to be repeated a few times while also successfully attempting to get the patient to cooperate with the medical team. Post treatment, the patient was prescribed 875 mg amoxicillin 1 tab BD for 4 days.

Discussion:

The external ear, also known as the auricle or pinna, is particularly susceptible to blunt force trauma due to its thin cartilaginous framework being tightly adherent to the underlying perichondrium and a lack of subcutaneous adipose tissue [4]. Cauliflower ear deformity is characterized by chondroblast-mediated neocartilage formation, which is a protuberant malformation that occurs secondary to blunt trauma to the auricle and recurrent auricular hematomas [6,10]. Depending on the size and location, treatment usually involves needle aspiration or incision and drainage under adequate analgesia [8]. Other techniques can include Penrose drain placement for larger hematomas and early clot evacuation with bolster placement to prevent re-accumulation of the auricular hematoma [6].

It is also important to note the significance of post-drainage management, which includes a 7-10 day course of antibiotics such as fluoroquinolones in adults and amoxicillin-clavulanate in children, along with evaluating the recurrence of the hematoma every 24 hours for several days [2,8,9]. While cauliflower ear has also been noted to develop spontaneously in certain autoimmune conditions and B cell chronic lymphocytic leukemia,

it is crucial to identify its occurrence in individuals engaging in self-injurious behavior [10].

Manifestations of self-injurious behavior can be seen in patients with psychiatric disorders such as autism spectrum disorder, borderline personality disorder, psychotic disorders, substance abuse, depression, and anxiety [10]. Understanding the physical manifestations as well as the underlying coping mechanism of self-injurious behavior aids in formulating a holistic treatment approach which should include psychiatric care, psychotherapy, and integrative medicine [10].

Moreover, developing preventive measures is vital in individuals prone to cauliflower ear. Identifying triggers that lead to self-harm and having an interdisciplinary approach including behavioral therapy plays a vital role in patients on the autism spectrum when it comes to prevention [10]. In individuals prone to recurrent cauliflower ear, physical interventions can include wearing protective headgear called scrum caps, as well as ear splints to keep the ears compressed, which is crucial to prevent ensuing hearing loss [4].

Conclusions:

Cauliflower ear, a complication of auricular hematoma, is commonly observed in athletes due to ear trauma from high-impact sports. Rarely, it may develop in patients with psychiatric disorders as a result of self-injurious behaviour. Prompt and complete drainage of the hematoma is important to prevent permanent disfigurement of the ear. Using a holistic approach with collaborative strategy and therapeutic support is especially important in these patients, when it comes to treating and preventing auricular hematoma and subsequent cauliflower ear formation. Understanding various triggers can also be useful in determining preventative measures concerning auricular hematomas.

Ethics Statement

Despite reasonable efforts, informed consent could not be obtained as the patient lacks mental capacity. The case has been fully anonymized.

Conflict of Interest

Author does not declare any conflict of interest.

Source of funding:

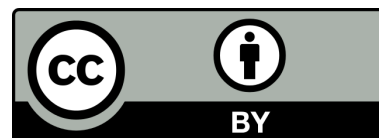
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Nikita Tinguria, Matvika Sawai, Supak Sookkositkon, Samir Desai (2025), Recurrent Auricular Hematoma Complicated by Cauliflower Ear in a Patient with Autistic Spectrum Disorder: A Case Report American J Case Rep Clin Imag. 2025; October, 3(1), 01-03.



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