

Auricular – Preauricular Tags or Pits in Infants

Guideline Responsibilities and Authorisation

Department Responsible for Guideline	Newborn Intensive Care Unit
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Target Audience	Neonatal Staff
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Guideline Review History

Version	Updated by	Date Updated	Summary of Changes
3	Jutta van den Boom	August 2020	Updated definitions

Auricular – Preauricular Tags or Pits in Infants

1 Overview

1.1 Purpose

To outline assessment for infants with preauricular tags or pits.

1.2 Scope

Nurses, Nurse Practitioner, Clinical Nurse Specialist, Registrar, Consultant.

1.3 Patient / client group

Neonates.

2 Clinical Management

2.1 Guideline

Preauricular ear tags, also known as an accessory tragus or a branchial cleft remnant, are benign growths that consist of skin and sometimes cartilage. Ear tags are usually located in front of the ear or on the cheek.

1. Incidence:

- Preauricular tags or pits: 0.62%
- Associated renal anomalies:
- 2.2% (Ref 1) amongst infants with isolated preauricular tags or pits, compared with 3.1% in the control group.
- Hearing Impairment:
- 17% (Ref2) of infants with preauricular tags/pits had a conductive or sensorineural hearing loss (c.f. 0.4% general preschool population).

2. Recommendations:

- Imaging of the kidneys in infants with ear anomalies is NOT indicated unless these are part of a multiple congenital anomaly pattern or syndrome.
- All infants with preauricular tag/pit (isolated or not) need an audiological assessment.
- Advise GP to refer preauricular tags to surgical outpatient clinic when child is 6-12 months old for consideration of resection under GA

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3 Audit

3.1 Indicators

- Audiology assessment for all infants with pre-auricular ear tags
- All infants with pre-auricular ear tags are referred to surgical services by GP

4 Evidence base

4.1 References

1. Kugelman A et al. Preauricular tags and pits in the newborn: The role of renal ultrasonography. *J. Pediatr* 2002; 141: 388-91.
2. Kugelman A. et al. Preauricular tags and pits in the newborn: The role of hearing tests. *Acta Paediatr.* 1997; 86: 170-2.

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