Recalcitrant Erythema of Bilateral Ears

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Disclosure

- I have no conflicts of interest to disclose.
History

- 57-year old male
- No significant PMH
- Intermittent, severe redness and burning that started on his right ear and progressed to his right cheek and left ear
- Episodes lasted several hours
- **Triggers**: sun exposure, overheating
- **Alleviating factors**: cool compress, cold weather

Physical Exam
Differential Diagnosis

- Relapsing polychondritis
- Erythromelalgia
- Erysipelas
- Mastocytosis
- Connective tissue disease

Workup

- CBC
- CMP
- ESR
- Tryptase
- ANA
- Type II collagen antibody

ALL WITHIN NORMAL LIMITS
Histopathology

Red Ear Syndrome
Red Ear Syndrome

- Rare
- Episodic, severe erythema and burning of the ear
- One or both ears may be affected
- Triggers: touch, exertion, temperature change, and stress
- Predilection for middle aged females
- Variant of erythromelalgia??

Classification

**Primary RES**
- Idiopathic
- More common in younger patients

**Secondary RES**
- Cervical structural disorders
- Vascular compression of C2/C3
- Temporomandibular joint dysfunction
- Thalamic lesions
Pathophysiology

- Primary RES = unclear
- Secondary RES...

Irritation of the C3 nerve root

Release of vasodilating substances

Erythema, swelling, and pain of the ear

Imaging

- MRI of the brain and cervical spine is recommended
Treatment

Generally considered refractory to treatment
Avoid triggers!

- Topical anesthetics
- TCAs: amitriptyline
- Beta blockers: propranolol, labetolol
- Calcium channel blockers: verapamil, nimodipine
- NSAIDs: ibuprofen, indomethacin
- Neurologic: gabapentin, pregabalin, mexiletine, nerve blocks, Botox injections

Chen et al.

- 18-year-old female with a 3-year history of attacking erythema and warmth over her bilateral face and ears
- Resolved with aspirin 325 mg BID and paroxetine 10 mg daily

Chen et al. The Journal of Headache and Pain 2014, 15:18
http://www.thejournalofheadacheandpain.com/content/15/1/18

CASE REPORT

Erythema associated with pain and warmth on face and ears: a variant of erythromelalgia or red ear syndrome?

Ming-Chun Chen¹, Qing-Fang Xu², Di-Qing Luo³, Xiang Li¹ and Ding-Yang He³
Our patient...

- **Paroxetine 80 mg daily**
- **Aspirin 325 mg BID**

**Complete clearance for over 12 months**

References

Questions?