



CORRESPONDENCE AND COMMUNICATION

Earlobe reconstruction following plug and tunnel piercing

At present there is a fashion for 'tunnel and plug' ear piercings ([Figure 1](#)). The initial piercing is performed as with any normal ear piercing, creating a hole approximately 1 mm in diameter in the lobe of the ear. Clients are advised to allow the ear to heal for a period of 6 weeks with a stud in place. Gradually increasing sizes of ear plugs are then placed into the lobe, increasing by 0.2–0.6 mm every 2–3 weeks as tolerated. It is advised that once a 10 mm piercing is in place that the dilated hole will remain stretched despite the piercing being removed. Prior to this point being reached any stretch can recover and will constrict with removal of the piercing. This advice is obviously a generalisation which will vary between individuals.

The practice of body stretching and earlobe piercing is nothing new. African tribes have placed gradually increasing discs into earlobes, hung weights from ears and placed increasing numbers of bands around the neck in order to stretch tissues for aesthetic purposes or to demonstrate hierarchy. These piercings in Western society are, however, a relatively recent fashion addition.

We have treated two patients who have had tunnel and plug ear piercings. They attended seeking earlobe repair as they no longer appreciated the appearance of the dilated earlobe and believed that they were being prejudiced against because of their appearance. When the piercing is removed the deformity is obvious ([Figure 2](#)).

The technique involves excision of excess earlobe tissue and repair of the enlarged hole by de-epithelialisation of the margin ([Figure 3](#)). As with split earlobe repair the technique can be modified to allow a stud piercing to be



Figure 1 Plug ear-piercing in place.



Figure 2 Resulting deformity following removal of plug.

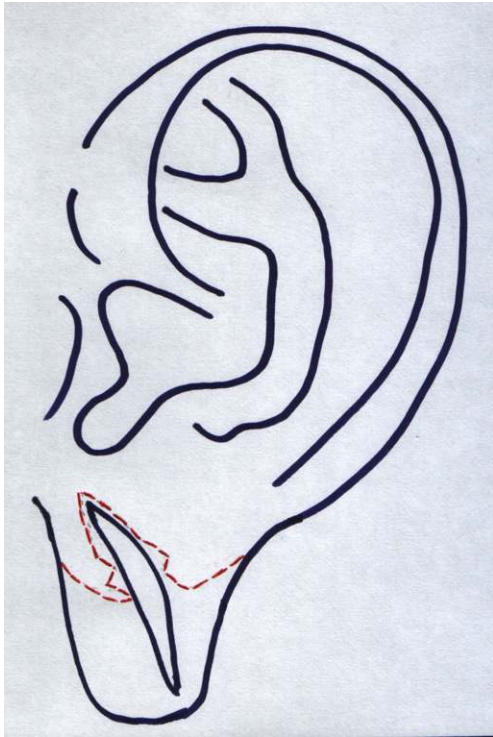


Figure 3 Surgical excision of excess tissue with de-epithelialisation of defect margin.

placed into the repaired lobe or the defect can be closed, requiring the ear to be re-pierced should the individual wish (Figure 4).

Conflict of interest

There are no conflicts of interest and no funding was received in the production of this article.



Figure 4 Result at 3 months.

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