

## Cannabis in the external ear

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### Abstract

ENT surgeons may well be asked to remove cannabis from the external ear where it has been lodged for various reasons. We report two cases and review four other cases we found in the literature to illustrate some of the difficulties. It is important that anyone working with people who abuse drugs are aware that cannabis can be concealed in the external ear.

**Key words:** Ear, external; Cannabis.

### Introduction

Users of illegal substances such as heroin, cocaine and cannabis are known to go to considerable lengths to conceal these substances from detection. Ingestion of drugs, packaged to prevent absorption, is well-known to law enforcement agencies such as the Police and H.M. Customs. We present two cases in which subjects have attempted to hide cannabis in their external auditory canals.

Four previous cases have been reported. Hay (1987) described a lady who concealed a piece of cannabis in her external auditory canal to avoid detection by the Canadian Police. Piemme (1971) recorded a case where a lady used her ear canal as a 'safe haven' whilst she took a swim. Thompson and Terry (1989) report two cases; first, a man who was attempting to hide the drug from his girlfriend who disapproved of it, and second, a man who attempted to conceal the drug from the Police during a drugs raid on a Public House.

In previous reports no formal analysis of the substances removed from the ear has been made. We report two cases in which cannabinoids have been confirmed.

### Case reports

#### Case 1

A 25-year-old man presented to the ENT Outpatients Department complaining that he was unable to remove a lump of cannabis resin from his right ear. He claimed that a 'friend' had pushed it into his ear during a party the previous evening when the Police arrived to investigate a neighbour's complaint about noise.

On examination, the right ear contained a lump of dark brown material lodged against his tympanic membrane. This appeared very much like cerumen and was removed using a wax hook. Once removed it was noted it had the typical odour of cannabis and was sent for formal identification. The sample was assayed using the *p*-dimethylamino-benzaldehyde test (Stevens, 1980). This gave a positive reaction for cannabinoids, pindolol and tyramine. Tetrahydrocannabinol is the active constituent of cannabis.

#### Case 2

A 24-year-old man who was being held in Police custody demanded referral to the Police Surgeon because he became worried that cannabis he had hidden in his external auditory

canal might damage his ear if not removed. He had no otological symptoms. In the clinic a piece of brown material was seen in the ear canal but was lodged in too firmly to remove. He was advised to instil olive oil ear drops and to return to the ENT Department one week later to have it removed. The material obtained was then submitted for analysis which confirmed the presence of cannabinoids.

### Discussion

The external auditory canal provides a place in which small amounts of drugs can be hidden. In the United Kingdom it is illegal to be in possession of cannabis and those searching for it should be aware that it may be concealed in this site. Piemme (1971) has suggested that absorption of cannabis from the external ear may occur. This seems unlikely since the external auditory canal and the lateral surface of the tympanic membrane are lined with stratified squamous epithelium.

Removal of cannabis from the ear is not always easy. Hay (1987) recommended a course of a proprietary ceruminolytic ear drop or cooking oil to help loosen the cannabis. Thompson and Terry (1987) reported the need for a general anaesthetic to remove it comfortably. Since absorption seems unlikely and there are no reports of cannabis causing irritation in the ear we recommend the use of simple ear drops where necessary.

### References

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