

Main Articles

Ear deformity in children following high ear-piercing: current practice, consent issues and legislation

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Abstract

In this presentation we examine the practice of high ear-piercing in children, the issue of informed consent and current legislation. We sampled current practice and consent policy by visiting nine establishments in Sheffield providing this service. There were two high street department stores, two fashion accessory outlets and five body-piercing studios. Enquiries were made as to the technique used, knowledge of complications, customer counselling and consent policy. A photograph of an ear with a cosmetic deformity following high ear-piercing was shown and awareness of this possible outcome was noted. Two ear-piercing techniques were identified, either a spring-loaded gun firing a blunt stud or the use of a body-piercing needle. The fashion accessory outlets were prepared to pierce any part of the ear using a spring-loaded gun in children under 16 years of age. There was a general lack of knowledge about possible serious complications. Two of the body piercers would not perform high ear-piercing on clients under the age of 16 years. The body piercers use a disposable needle and were of the opinion that using a spring-loaded gun shatters the cartilage and increases the risk of infection. The best technique is open to debate and it may be that the perceived unsavoury environment of the body-piercing studio represents a safer option than the more respectable or cheaper alternatives. The practice of body piercing in the UK remains uncontrolled.

Key words: Ear, External; Ear Deformities, Acquired; Cosmetic Techniques; Child

Introduction

Over the last few years there has been a noticeable increase in the number of young people wearing earrings and studs high up through the cartilage of the pinna rather than through the earlobe.^{1–3} In our experience there has been a corresponding rise in the number of patients presenting with complications associated with this procedure. In this paper we aim to highlight the risks associated with high ear-piercing and the issue of informed consent. Children, their parents and those carrying out these procedures need to be aware of the potential complications that can result so that fully informed consent is obtained.

Body piercing is now a well-established and increasingly popular procedure, particularly in youth culture. The current vogue is for high ear-piercing, through cartilage rather than the fatty tissue of the ear lobe.⁴ Whilst infection of the ear lobe is likely to resolve with little or no long-term complication, the same cannot be said of perichondritis associated with the pinna where long-term cosmetic deformity is much more likely.⁴

Case reports

There have been seven cases of severe perichondritis of the pinna following high ear-piercing, which required admission to the Sheffield Children's Hospital over the last 2 years. Of these, two settled with intravenous antibiotic therapy alone. The remaining five cases also required surgical treatment with incision and drainage of a perichondrial abscess. The hospital stay varied from three to nine days. In all of these cases, there was a varying degree of cosmetic deformity of the pinna. Two of these patients are presented here as case reports.

Case 1

An 11-year-old girl had her left pinna pierced at a high street jewellers using a spring-loaded gun. Parental consent was given, although there was no warning about the possibility of cosmetic damage to the pinna. Three days following the piercing, the patient's pinna became infected. She visited her general practitioner, who prescribed a course of oral

antibiotics. Four days later her ear became increasingly swollen and painful and she was referred to the otolaryngology department. A fluctuant abscess of the left pinna was incised and drained under a general anaesthetic later that day. At operation it was found that the underlying pinna cartilage had already necrosed and a defect of approximately 2 cm was apparent in the postero-superior edge of the pinna. After a hospital stay of six days the patient was discharged home. The patient has a residual defect of the left pinna with thickening and deformity.

Case 2

A 14-year-old girl had her left pinna pierced at an accessory shop with a spring-loaded gun. No parental consent was obtained and the child was not asked her age. No warnings were given regarding long-term cosmetic risks. After five days she had developed an infection of the pinna. The child was seen by her general practitioner, who prescribed a course of antibiotics. The infection progressed and she was referred to the otolaryngology department for treatment. She required incision and drainage of an abscess of the pinna under general anaesthesia. At operation, it was found that she had an abscess cavity, which had eroded and necrosed the pinna cartilage. She was discharged home on oral antibiotics after four days. Long-term follow-up resulted in a thickened, collapsed pinna and a poor cosmetic result.

Method

In order to sample current practice and consent policy for high ear-piercing, we visited establishments in Sheffield taking in examples of the three main providers of ear-piercing services: (1) high street department stores and jewellers; (2) fashion accessory outlets (often small 'cabins' or market stalls); (3) body piercing and tattoo studios.

Nine visits were made to: one well-known high street department store, one national jeweller, two fashion accessory outlets and five tattoo and body piercing studios. Enquiries were made as to the technique used, knowledge of complications, customer counselling and consent policy. A photograph of an 11-year-old girl's ear with a cosmetic ear deformity following high ear-piercing was shown and the ear piercers asked whether they were aware of this possible outcome. Finally, the representative was asked whether the information would change their practice, particularly with regard to counselling and obtaining consent.

A search of the medico-legal literature was conducted using The All England Law Reports from 1936 to date and Kemp and Kemp 'The Quantum of Damages' (personal injury and accident claims)⁶ in order to assess previous cases of litigation associated with this practice.

Results

The high street jeweller and the department store said that they would not pierce through the cartilage of the pinna for any customer. They confirmed that similar establishments had the same policy. They were prepared to pierce the ear lobe in children under 16 with parents present and consenting.

When high ear-piercing is performed, two techniques were identified, either using a spring-loaded gun firing a blunt stud or the use of a body-piercing needle. The fashion accessory outlets were prepared to pierce any part of the ear using a spring-loaded gun technique in children under 16 years of age and would prefer parents to be present if possible. They gave verbal and written advice about infection and asked for a disclaimer to be signed. When shown the picture of the damaged ear, they had not been aware of the potential risk. They felt the public should be more aware but did not expect their practice to change, as they were part of large inflexible national chains. There was a general lack of knowledge regarding possible serious complications.

The body-piercing studios use a disposable body-piercing needle. Two of the body-piercing outlets would not pierce the cartilage of the pinna in under 16-year-olds. They were of the opinion that using a spring-loaded gun shatters the cartilage and increases the risk of infection. In addition, they highlighted the risk of gun-fired studs becoming embedded in the cartilage.⁷ All five of this group felt their practice was as safe as it could be.

Discussion

The practice of body piercing in the UK remains uncontrolled, with no specialist qualification required. Premises carrying out the practices of electrolysis, ear-piercing through the lobe, tattooing and acupuncture must be registered by the Local Authority under section 15 of the Local Government (Miscellaneous provisions) Act 1982 and if they are not registered are subject to prosecution under this Act. At present, body-piercing (which includes high ear-piercing) is exempt from the Act, although this may change in the near future with the implementation of new legislation. However, Parliament has as yet not implemented any change in the law and the practice is currently unregulated. In Sheffield, the Environmental and Regulatory Services Department of the City Council have compiled a voluntary register for body piercers and their premises. They have compiled a code of practice, which recommends that clients must be over the age of 16 and must be able to demonstrate this with appropriate identification, and if under the age of 16, parental consent must be obtained. Body piercers who voluntarily register with the authority will receive an inspection and a certificate stating the premises and practices are suitable and sufficient.

We expected to find numerous cases of litigation arising from complications associated with ear-piercing. However, a comprehensive search of the legal literature,^{5,6} revealed only one such case dating back to 1938 (*Phillips v. William Whitely Ltd*) where

a jeweller was sued for negligence when a case of earlobe-piercing led to infection. The accused was found not to be negligent because the judge ruled that a jeweller is not bound to take the same precautions as a surgeon. We feel it is surprising that this is the only case found and particularly that there are no more recent cases as clearly the medico-legal environment has changed beyond recognition since 1938.

Although complications are seemingly rare given the number of high ear-piercings performed, when infection occurs, the possible resulting cosmetic deformity can be significant. General Medical Practitioners need to be aware of the importance of early recognition of infection and referral for appropriate antibiotic and surgical treatment.

The best technique is open to debate, the body-piercers expressed strongly held views about the benefits of the single use body-piercing needle, and that the spring-loaded gun was being used inappropriately. If this is correct (and clearly a larger survey is required), it may be that the perceived unsavoury environment of the 'tattoo and body piercing' parlor⁸ represents a safer option than the more 'respectable' or cheaper alternatives. The issue of ear-piercing and children's rights has been highlighted in the recent past. One of the main concerns being the young age at which the procedure is performed and the lack of informed consent from the child who is a passive recipient of their parents' views.⁹ The demand for high ear-piercing is likely to be driven by the child rather than the parents. Both should be aware of the risks involved if informed consent is to be obtained.

Acknowledgements

The authors would like to thank the University of Sheffield Law Library for their help in conducting the legal searches and the Environment and Regulatory Services of the Sheffield City Council for their help with information on current legislation.

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Mr P. Jervis takes responsibility for the integrity of the content of the paper.

Competing interests: None declared
