Childhood Bullying and One Way to Keep your Kids Out of the Statistics: Non-Surgical Interventions for Congenital Ear Deformities

Oren Friedman¹, Danielle Levin²* and Esther Nivasch³
¹Department of medicine, Hospital of the University of Pennsylvania, USA
²Department of medicine, The University of Pennsylvania Health System, USA
³Department of medicine, University of Pennsylvania Perelman School of Medicine, USA

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Introduction

Bullying is quickly emerging as one of the most crucial issues in our school systems, affecting nearly one out of every three children. Many victims [1] of childhood bullying suffer from depression, persistently low self esteem and subordination to others [2]. Bullying can fracture children’s home life as well; documented discrepancies exist between depressed and non-depressed children’s perceptions of their family. Depressed children tend to perceive their mothers as providing less care [3], precluding healthy mother child bonding. It is therefore critical that bullying be addressed early within the family structure to mitigate its adverse effects on familial bonding.

While there are various forms of bullying, this paper focuses on childhood appearance-based bullying. Children with ear deformities are placed at high risk of bullying later in life due to their anatomical abnormalities and associated physical appearance; defects such as prominent ears provoke embarrassment, ridicule, and ultimately emotional stress [4]. Bullying, which the National School and Safety Center considers to be the most enduring and underrated problem in the United States, has specifically been associated with cosmetic ear deformities such as prominent, cup, and Stahl’s ears [1]. When Cooper-Hobson et al surveyed all children from the ages of 5-16 undergoing otoplasty from 1999-2003, 41% of them reported bullying as their primary surgical motivation [4]. A landmark 1992 article similarly found high rates of ridicule among children with cosmetic ear defects. 88% of children reported teasing, with 55% reporting concurrent depression and 52% of the entire sample reporting increased anxiety due to the ear deformity. In order to increase children’s social integration expecting parents [5] must be aware of the effective cosmetic interventions available. Existing non-surgical auricular repair techniques are currently underutilized due to lack of knowledge regarding available options amongst parents and doctors.

Otoplasty effectively corrects cosmetic ear deformities and along with that, reduces bullying and decreases emotional and social isolation among affected children. Cooper-Hobson et al.’s post-operative questionnaire found an increase in children’s happiness of 97%, and a 92% boost in self-confidence after cosmetic ear surgery. Otoplasty further reduced the rates of bullying, often erasing it altogether – of those who reported being bullied prior to surgical intervention, 100% experienced a reduction in bullying, and 59% reported complete cessation [4]. The 1992 Bradbury study found similarly significant reductions, with 83% of children reporting less teasing and hurtful comments. The Bradbury study also demonstrated improvements in post-surgical self-image, with 91% of children reporting decreased self-consciousness after otoplasty [5].

While it is difficult to accurately report post-operative otoplasty complications given the variety of techniques, otoplasty has both short- and long-term sequelae. Calder and Naasan’s 1994 study reviewed 562 consecutive otoplasty cases and found 16.6% of patients undergoing otoplasty to have at least one complication, including residual deformity, infection, hematoama, or anterior skin necrosis [6]. Limandjaja et al.’s 2009 review found that short-term otoplasty complications including hematomas, infection and skin necrosis ranged from 0%-8.4%, while long-term complications such as scarring, asymmetry and hypersensitivity, ranged from 0%-47.3%. Common complaints among children following otoplasty include post-op pain and hypersensitivity, which can be as high as 34% and 27%, respectively.

Non-surgical interventions such as ear splinting for cosmetic ear deformities have the potential to improve hundreds of people’s lives with simple, effective, and essentially risk-free methods. Splinting typically uses tape to place semi-rigid material and mold children’s ears into a more normal shape. While duration of treatment varies, effects can be seen in as early as two weeks after placement. Yet meta-analyses have demonstrated that the splinting technique remains relatively unknown and therefore below its maximal efficacy. Van Wijk et al.’s 2009 literature analysis of splinting techniques noted the current variety of opinions regarding the length and inclusion criteria for successful splinting. Their review also noted the increased success of early splinting in infants younger than 6 weeks.

Two-hundred and nine ears in 132 infants were treated, with 81 patients completing the study. Of those who completed the study, the authors found good (anatomically normal ear) results in 28%, fair (some improvement, but persistent deformation) in 36% and poor (deformation maintained) in 36%. The authors noted that children splinted before 6 weeks of age had 66.67% rates of improvement or complete resolution, whereas splinting of older infants produced poor results [7]. They observed, based on the literature, that 6 months of age appears to be the latest possible point for non-surgical intervention, though significantly better results are seen the earlier splinting is done. The review also found that earlier interventions require shorter lengths of splinting for successful results: 2 weeks of splinting are often enough for newborns, whereas older children require up to 6 months of splinting with ultimately poorer outcomes.

However, the authors also concluded that persistently low rates of otolaryngology referrals for babies with ear deformities severely limit the ability to intervene in a timely fashion [7].

Van Wijk et al.’s review did not include newborns less than 3 days of age, which the authors hypothesized decreased splinting success. The authors insinuate that earlier splinting referrals would improve
Expecting parents have the opportunity to intervene on their newborn infant’s behalf simply by knowing to look for the problem. If parents suspect the problem is present, they should seek non-surgical repair of the infant’s ears, which may help reduce childhood bullying and increase their child’s happiness, resilience, and drive.

References
2. Ibid. 104.