MULTIPLE ACCESSORY TRAGI: A CASE REPORT

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ABSTRACT
Accessory tragus is a congenital malformation that may be confused with a skin tag. Accessory tragi are generally solitary, but if bilateral it’s seen in 10% of cases. We describe a rare case of multiple accessory tragi in a 1 year old child, located simultaneously in the bilateral auricular area and near the left corner of mouth with absence of ear auricle both side. It was not associated with any syndrome and poised a mere cosmetic problem which was solved by surgical removal.

Key Words: Accessory Tragus, Oculoauriculovertebral Dysplasia, Goldenhar Syndrome

INTRODUCTION
The accessory tragus is a relatively common benign congenital anomaly. During embryonic life, the first arches grow ventrally to join in the midline, and accessory tragi may be found anywhere along this migratory course, from tragus to sternoclavicular joint (Rankin and Schwart, 2011). Although aberrancy of the tragus may occur in isolation and is exclusively derived from the first branchial arch, it may occasionally signal a defect in the first or second branchial arches. Thus it may be a sign of other syndromes, such as oculoauriculovertebral dysplasia (Goldenhar syndrome). This syndrome comprises of triad of accessory tragi, mandibular hypoplasia and ocular dermoids (Mehta et al., 2008). In fact, accessory tragus is a constant feature of this syndrome and may be associated with other multiple congenital anomaly syndromes, including Nager acrofacial dysostosis, Townes-Brocks syndrome, and Wildervanck syndrome (Mehta et al., 2008). They can be either soft or firm due to cartilaginous core, and they are commonly covered by vellus hairs (Cosman, 1993) Accessory tragus is found bilaterally in 10% of the patient presenting with this congenital defect.

CASES
A 1-year-old boy presented to skin opd with soft, elastic, multiple, skin-coloured papules present in both auricular areas.

Figure 1: Showing single tragus near angle of mouth and multiple tragi in left auricular region with absence of external ear pinna

Figure 2: Showing two auricular tragi in right auricular region with absence of external pinna
Case Report

This case encompasses all the boundaries and limitations of exception as a rule of nature to exemplify and emphasise upon the existence of accessory tragus as multiple even spreading over the face. A single tragus was present close to left corner of the mouth. Three tragi were present on left side of face involving pre-auricular and auricular areas. Lesions were pedunculated and covered with vellus hairs. (Fig. 1) Similarly, two soft, elastic, skin-coloured, pedunculated lesions were seen on right auricular area. (Fig. 2) His family history was non-contributory. Detail examination and investigation did not reveal any association with Goldenhar or any other syndrome. The patient was referred to surgery where surgical removal for cosmetic purpose was advised.

DISCUSSION

Accessory tragus is a rare congenital malformation that was reported by Birkett for the first time in 1858. The lesion appears at birth as a small skin-colored papule or nodule. It may be solitary, unilateral or bilateral, pedunculated or sessile, and soft or firm. The size of the papule is usually 3 to 5 mm, and it might be covered with vellus hair (Cosman, 1993 and Sebben, 1989). Accessory tragus is usually an isolated developmental defect not associated with other abnormalities. Embryologically, the auricle begins to develop from the first (mandibular) and second (hyoid) branchial arches at the fourth week of gestation. During the fifth and sixth weeks the first and second arches form six mesenchymal tubercles, the hillocks of His. Three hillocks appear on each arch and as they develop they fuse to form the structures of the auricle. As the mandible grows, the primitive auricle ascends from the lower lateral neck to the side of the head level with the eyes (Bendet, 1999). For this reason, Accessory tragus is generally detected near the tragus or auricle but rarely on the cheek, the lateral neck along the anterior edge of the sternocleidomastoid muscle, or the glabella or the suprasternal area (Satoh, 1990; Sayama and Tagami, 1982 and Kim et al., 1997). Our case had a tragus near the left angle of mouth. The origin of which can be explained as a remnant of the branchial cartilage derived from the first pharyngeal arch of embryonic life.

REFERENCES