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Case Report

Temporal Cellulitis Revealing a Prehelician Fistula

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Abstract

Prehelician fistulas are congenital malformations, they can be unilateral or bilateral. Their evolution is interspersed with episodes of secondary infection which can be life-threatening. We report a case of prehelical fistula in a 17-year-old girl with no particular pathological history who presented to the ENT emergency department for left pre-auricular swelling evolving for three days CT showed a hypodense collection The patient underwent an incision drainage and was put under antibiotic treatment with good evolution before being operated for pre-helical fistula.

Keywords: *Fistulas; Prehelician; Cellulitis; Complication*

Introduction

Prehelician fistulas are congenital malformations located just anterior to the root of the helix. They can be uni or bilateral. Their evolution is interspersed with episodes of secondary infection which can be life-threatening. We report a case of prehelical fistula complicated by temporal cellulitis [1-3].

Case Report

This is a 17-year-old girl with no particular pathological history who presented to the ENT emergency for a left pre-auricular swelling evolving for three days in an array of unquantified fever. On clinical examination, we noted a left pretragal tumefaction, red, warm (Figure 1), renitent and painful on palpation with edema of the periauricular part of the ipsilateral temporal region and orbit. Rigorous inspection found a prehelical fistula with frank pus issue on pressure. CT showed a hypodense collection heterogeneously enhanced by PDC with infiltration of the temporal soft tissues (Figure 2). The patient underwent a drainage incision and was put on antibiotic treatment with good evolution before being operated on for a pre-helical fistula.

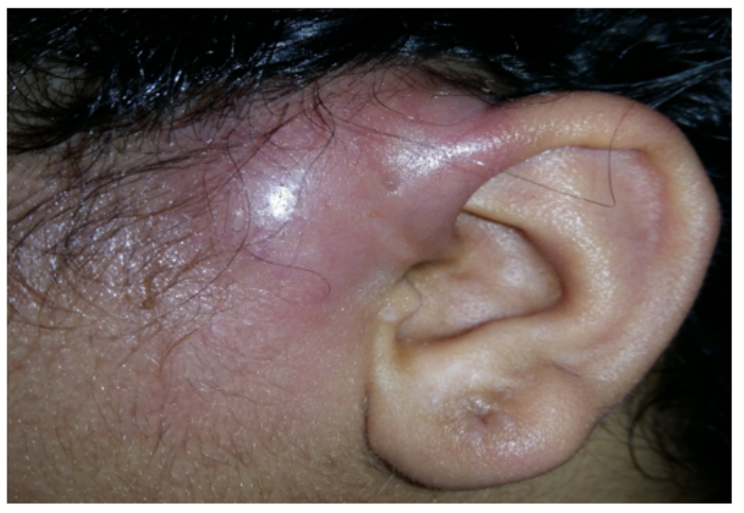

Figure 1: *Left pretragal swelling, red, warm.*

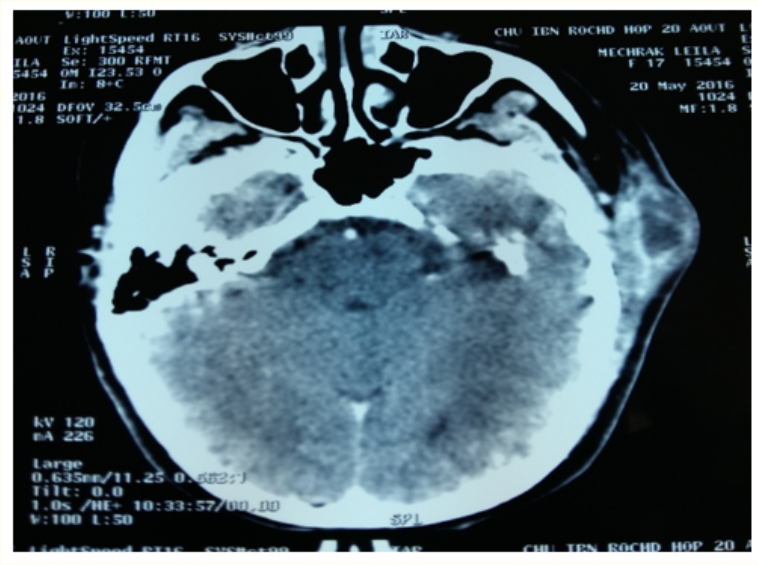

Figure 2: *CT showing a hypodense collection with infiltration of the temporal soft tissues.*

Discussion

Prehelician fistulas are common congenital malformations in the pediatric population.

The incidence is variable, up to 10% in some African populations. They can be sporadic or familial and are sometimes syndromic, for example in the branchio-oto-renal syndrome [1,2].

The diagnosis is mainly clinical.

Radiology is rarely indicated.

Superinfection is a frequent, sometimes serious complication that can be life-threatening, hence the need for early diagnosis and appropriate treatment [1-3].

The surgery can be considered relatively minor, but it must be rigorous and well done because recurrence is not exceptional, the surgical technique consists of removing the entire fistulous path and a cartilaginous collar, to avoid recurrence [1-3].

In case of abscess, we must first perform a puncture with bacteriological study and antibiogram, then treat with antibiotic therapy and operate after antibiotic treatment [1-3].

Conclusion

The prehelical fistula is a benign malformation but can have a fatal evolution, especially in the event of superinfection. Surgery after cooling the infection is the rule without omitting the possibility of recurrence.

Informed Consent

The patient gave us informed consent for publication.

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