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HEALTH & SCIENCE

Surgical procedure boosts hearing, self confidence



PHOTOS BY LEAH HOGSTON/The Salt Lake Tribune

Left photo: Dusty Scott was born without a right ear. Steven Mobley, a surgeon at the U. of U.'s Madsen Surgery Center, is building an ear from cartilage taken from Scott's rib cage. Right photo: After surgery, Scott's ear is taking shape. Scott will undergo two more surgeries to lift and separate her ear from her head and form her ear canal.

Microtia: U. surgeon is expert on method of repairing ears that are malformed

BY CAREY HAMILTON
The Salt Lake Tribune

Dusty Scott has worn her long brunette hair down all of her life, not because she loves the style, but to hide a secret she keeps from most people.

Scott was born with a partial right ear — just a small flap and no hole although she has limited hearing on this side. The condition, known as microtia, has been a great source of embarrassment for the 18-year-old Nevadan until she started coming to Salt Lake City last year to have a doctor build her a new ear.

"I was very self-conscious about my ear," she said recently before undergoing her third ear

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Surgical procedure can rebuild ear, boost self-confidence

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reconstruction surgery at the University of Utah's Madsen Surgery Center. "My boyfriend didn't find out until my first surgery, and we had been going out seven months. He and my family have been very supportive."

Microtia is the presence of a small, abnormally shaped or absent external ear. It can occur on one side — called unilateral — or on both sides — called bilateral. The unilateral form is much more common, occurring in approximately 90 percent of patients.

Microtia is rare, with an incidence of 1 in 10,000 to 20,000 people. More boys get it than girls for unknown reasons, and most people have some range of hearing loss. Some with the condition have well developed inner and middle ear functioning while others have none or very little.

After Mobley completes Scott's reconstruction, she will have surgery to build an ear canal and an ear drum from a different doctor in Salt Lake City.

Doctors told Scott since she was a child to wait to have the surgery until she was grown. But Steven Mobley, a facial plastic and reconstructive surgeon and assistant professor

at the U.'s School of Medicine's Division of Otolaryngology-Head and Neck Surgery who is treating her, said children as young as six years old are candidates for the lengthy procedure.

The surgery involves removing rib cartilage and sculpting it into the shape of an ear, which typically takes place in four phases over about a year. The rib cartilage works well because it has few complications and is durable.

"It's your own human tissue, and, if you're young, it grows with you," Mobley said. "And it will resist infection."

Surgeons generally make a 3-inch incision and take out a 2-by-3-inch piece of cartilage at the lower edge of the rib cage.

"You can live without it," Mobley said. If the patient has hearing loss, the surgery to repair hearing takes place after the outer ear has been reconstructed.

"The first surgery with my ribs was very painful, but it is worth it," Scott said. "Dr. Mobley asked me if I wanted a prosthetic ear at the beginning. A lot of times they can come off, and I didn't want to deal with that."

Scott opted for the more natural approach, using her own body parts.

"The prosthetic ears are amazing as far as what they can do with color, but it's not part of your body and has to be clicked on," Mobley said.

Mobley performs about three microtia staged reconstruction operations a year. He is one of the few in the region who is trained to perform the surgery.

He recommends that children born with

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DUSTY SCOTT

the condition start the process when they are six, the age when children become conscious of their bodies and start teasing people who are different.

"It is a great boost to their self-esteem," Mobley said of the surgery.

Trent Leo of Ogden, 28, who has microtia of the left ear, is another one of Mobley's patients. He is in his second phase of reconstruction.

"Kids made fun of me when I was a kid, but I got over it," he said. "People would stare at me."

Leo's ear, nose and throat doctor referred him to Mobley. He is especially excited to have the hearing in his left ear improved after Mobley finishes the outer ear.

Leo jokes about his ear, especially at the grocery store with children.

"My friend would say, 'Oh my gosh Trent, your ear fell off,'" he said. "The kids would go running. I'd ask them to help me find it."

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