

## An Unusual Headache: Red Ear Syndrome

Ignazio La Mantia<sup>1</sup>, Claudio Andaloro<sup>2</sup>



Cite this article as: La Mantia I, Andaloro C. An Unusual Headache: Red Ear Syndrome. *Eurasian J Med* 2018; 139.

<sup>1</sup>Department of Medical Sciences, Surgical and Advanced Technologies, GF Ingrassia, University of Catania, Catania, Italy

<sup>2</sup>ENT Unit, Santa Marta e Santa Venera Hospital, Acireale, Catania, Italy

Received: October 30, 2017

Accepted: November 8, 2017

Correspondence to: Claudio Andaloro

E-mail: cla.anda@gmail.com

DOI 10.5152/eurasianjmed.2018.17344

©Copyright 2018 by the Atatürk University School of Medicine - Available online at [www.eurasianjmed.com](http://www.eurasianjmed.com)

A 4-year-old boy presented with a 2-year history of unilateral recurrent ear erythema (generally on the left ear) that was associated with episodic ear swelling, discomfort, and a burning sensation (Figure 1). These episodes occurred up to three times every month; each episode lasted for approximately 1 h and spontaneously resolved. Initially, the episodes were isolated, but during the last 6 months, they began to be associated with a migraine without aura simultaneous to ear redness. In the interval between two episodes, the patient had no problem. His perinatal history and childhood development were reportedly normal. Visual inspection results of the pinna and otoscopic examination results were bilaterally normal. The head and neck examination and allergological assessment were within normal limits as well as laboratory tests and a magnetic resonance imaging (MRI) of the brain. A neurological visit led to a diagnosis of idiopathic red ear syndrome (RES) being made. The patient started treatment with cetirizine for 2 weeks and showed a slight reduction in the frequency of attacks.



**Figure 1.** Red and slightly swollen left ear during an episode

Red ear syndrome is a rare entity characterized by paroxysmal unilateral or bilateral painful attacks to the external ear that are accompanied by ear redness, burning, or warmth. Swelling is rare [1]. RES episodes are generally isolated, but they can also occur with primary headaches as migraine among young patients or with trigeminal autonomic headaches among the elderly. Currently, there are no medications with approved efficacy. A study has proposed the use of gabapentin, amitriptyline, or non-steroidal anti-inflammatory drugs, but with poor results [2]. Familiarization with RES presentation symptoms is important to recognize this relatively new disease, thus avoiding delayed diagnosis and mistreatment.

**Informed Consent:** Written informed consent was obtained from the parents of the patient who participated in this study.

**Peer-review:** Externally peer-reviewed.

**Author Contributions:** Concept - I.L.M.; Design - C.A., I.L.M.; Supervision - I.L.M.; Literature Search - C.A.; Writing Manuscript - C.A., I.L.M.; Critical Review - I.L.M.

**Conflict of Interest:** Authors have no conflict of interest to declare.

**Financial Disclosure:** The authors declared that this study has received no financial support.

### References

1. Wollina U. Three orphans one should know: red scalp, red ear and red scrotum syndrome. *J Eur Acad Dermatol Venereol* 2016; 30: e169-70.
2. Flicinski J, Wigowska-Sowinska J, Winczewska-Wiktor A, Steinborn B. Red ear syndrome-case report and review of literature. *Neurol Neurochir Pol* 2015; 49: 74-7.[CrossRef]