CONDITION

Benign ear cyst or tumor

Learn about noncancerous ear cysts and tumors, including common symptoms, possible causes, diagnosis, treatment options, and when to seek urgent care.

WHAT IT IS
Noncancerous growth in or around the ear

BODY SYSTEM
Ears and hearing

MAIN SYMPTOMS
Ear lump, blocked feeling, gradual hearing difficulty, itching or tenderness

WHAT CAUSES IT
Varies by type, often unknown

HOW IT IS DIAGNOSED
Ear examination, imaging or biopsy

MAIN TREATMENT
Observation or removal

CAN IT BE CURED?
Sometimes - complete removal, but recurrence possible

IS IT AN EMERGENCY?
Sometimes - sudden hearing loss or facial weakness

LONG-TERM OUTLOOK
Usually stable, with possible recurrence, infection or hearing loss

Overview

A benign ear cyst or tumor is a noncancerous growth in or around the ear. It may develop in the skin of the outer ear, within the ear canal, or less often behind the eardrum. Some growths contain fluid or a soft material called keratin. Others are made of skin, scar tissue, bone, blood vessels, or gland cells.

An epidermoid cyst is one example. It is a small sac filled with keratin, a protein found in skin, hair, and nails. These cysts are sometimes called "sebaceous cysts," although that term is not medically precise.

Other benign growths include keloids after ear piercing, bony growths called exostoses or osteomas, and several uncommon tumors of the ear canal. Most do not spread to distant parts of the body.

Benign does not always mean harmless. A growth can block the ear canal, trap moisture, affect hearing, or lead to repeated infections. Some uncommon benign tumors can also press on nearby structures. In addition, infections, cholesteatoma, and skin cancer can sometimes resemble a benign lump.

A stable, painless lump usually does not require emergency care, but it should be examined if it persists, grows, bleeds, changes in appearance, or affects hearing.

Symptoms

A benign ear cyst or tumor may cause no symptoms. A person may first notice it while cleaning the outer ear, putting in an earbud, or looking in a mirror.

Possible symptoms include:

Hearing loss may occur if a growth physically blocks sound from traveling through the ear canal. This is called conductive hearing loss. Hearing may improve when the blockage is treated, although the result depends on the cause.

A heartbeat-like sound in one ear, known as pulsatile tinnitus, can occur with some blood-vessel growths. This symptom needs prompt medical assessment, especially when it is new or occurs with hearing changes, dizziness, or bleeding.

Seek urgent medical care for sudden hearing loss, new facial weakness, severe or rapidly worsening ear pain, significant swelling around or behind the ear, fever with ear drainage, or uncontrolled bleeding. Call emergency services if facial weakness occurs with trouble speaking, limb weakness, severe imbalance, or another possible sign of stroke.

- A visible or felt lump on the outer ear or at the opening of the ear canal
- A feeling that the ear is blocked or full
- Gradual hearing difficulty in one ear
- Trouble fitting a hearing aid, earplug, or earbud
- Itching, mild discomfort, or tenderness
- Repeated outer ear infections
- Fluid, pus, or blood coming from the ear
- A cyst that becomes red, swollen, or painful after inflammation or rupture
- A raised, firm scar at the site of a piercing or other injury

Causes and risk factors

The cause depends on the type of growth.

An epidermoid cyst forms when skin cells and keratin become trapped beneath the skin. This can happen after an injury, surgery, or piercing, but many cysts appear without a clear trigger. A cyst is not necessarily caused by poor hygiene.

A keloid is an overgrowth of scar tissue. It can develop after ear piercing, surgery, a burn, or another skin injury. People who have had a keloid before are more likely to develop another. Keloids are also more common in people with darker skin tones, although they can affect anyone.

Exostoses are broad-based bony growths that often develop in both ear canals. Repeated exposure to cold water and wind is an important risk factor. This is why the condition is sometimes called "surfer's ear." Swimmers, surfers, kayakers, and people with similar long-term exposure may be at higher risk.

An osteoma is usually a single, firm bony growth in one ear canal. Its exact cause is often unknown.

Other benign tumors may begin in hair follicles, sweat glands, earwax-producing glands, cartilage, nerves, or blood vessels. These tumors are uncommon, and their causes are usually not clear.

Not every ear lump is a cyst or tumor. Other possibilities include a boil, abscess, swollen lymph node, trapped foreign object, inflamed piercing, skin tag, wart, cholesteatoma, or cancer. A cholesteatoma is an abnormal collection of skin cells, usually within the middle ear or nearby bone. It is not cancer, but it can damage surrounding structures and requires medical care.

Diagnosis

A clinician will ask when the lump first appeared and whether it has changed. Important details include pain, drainage, bleeding, hearing changes, ringing in the ear, dizziness, prior ear surgery, piercings, skin cancer history, and exposure to cold water.

The outer ear and ear canal are examined with an otoscope, a lighted instrument used to look into the ear. An ear, nose, and throat specialist may use a microscope or a small camera for a closer view. The clinician will assess whether the growth is soft, firm, attached to bone, inflamed, ulcerated, or likely to contain blood vessels.

A hearing test may be recommended when there is ear blockage, tinnitus, or reported hearing loss. Testing can help show whether sound is being blocked in the outer or middle ear or

whether the inner ear is affected.

Imaging is not needed for every small skin cyst. A computed tomography, or CT, scan can show bony growths and whether nearby bone is involved. Magnetic resonance imaging, or MRI, may be used to assess soft tissue, nerves, or a suspected blood-vessel tumor.

A biopsy removes tissue for examination under a microscope. It may be needed when the diagnosis is uncertain or the growth has concerning features. A mass that bleeds easily, appears to contain many blood vessels, or causes pulsatile tinnitus may need imaging before a biopsy because sampling it could cause significant bleeding.

Treatment and management

Treatment depends on the type, location, symptoms, rate of growth, and level of diagnostic certainty. An ear specialist may also consider hearing, other medical conditions, and the possible effects of a procedure.

A small, clearly benign growth that is not changing or causing symptoms may only need observation. Monitoring can avoid an unnecessary procedure. The clinician may recommend periodic examinations or ask the patient to report specific changes.

An uncomplicated epidermoid cyst does not always need treatment. It should not be squeezed, punctured, or cut open at home. Doing so can cause inflammation, infection, scarring, or incomplete drainage. A warm compress may ease mild discomfort, but persistent pain or redness should be assessed.

If a cyst repeatedly becomes inflamed, interferes with hearing or hearing aids, or is cosmetically troubling, a clinician may discuss removal. Removing the full cyst wall reduces the chance that it will return. A severely inflamed or infected cyst may need treatment before definitive removal.

Keloid treatment can be challenging because the scar may return. Options can include corticosteroid injections into the scar, pressure treatment, freezing therapy, laser treatment, or surgery combined with another therapy. The choice depends on the keloid's size and location. Surgery alone may have a higher risk of recurrence.

Small ear-canal exostoses or osteomas may not need treatment. Keeping the ears dry and reducing cold-water exposure may help prevent irritation or further exostosis formation. Earplugs or a protective hood may reduce exposure, but they must fit safely and should not trap contaminated water.

Surgery may be considered when a bony growth causes substantial canal blockage, repeated infections, trapped debris, or hearing difficulty. The procedure to widen the canal is often

called canalplasty. An ear surgeon can explain the expected benefit and risks.

Other benign tumors are often removed when they are growing, causing symptoms, or cannot be identified with confidence. Tissue is usually sent to a laboratory to confirm the diagnosis. Some vascular or nerve-related tumors may instead be monitored or treated with specialized surgery or radiation. These decisions are generally made with an ear specialist and, when needed, a multidisciplinary team.

Antibiotics like amoxicillin or doxycycline do not treat a noninfected cyst or tumor. They may be used when a clinician determines that a bacterial infection is present.

Complications

Many benign ear growths remain small and cause few problems. Possible complications depend on the type and location.

A growth in the ear canal can trap earwax, water, and skin debris. This may lead to repeated outer ear infections or temporary conductive hearing loss. A blocked canal can also make it difficult for a clinician to examine the eardrum.

A cyst may rupture and trigger redness, swelling, and tenderness. It can return if part of the cyst wall remains after treatment. Keloids and some other growths may also recur after removal.

Surgical risks vary by procedure. They may include bleeding, infection, scarring, narrowing of the ear canal, temporary taste changes, or changes in hearing. Injury to the eardrum, facial nerve, or inner ear is uncommon but may be relevant for deeper or more complex surgery.

Another concern is delayed diagnosis. A lesion assumed to be harmless may occasionally be an infection, cholesteatoma, or cancer. Continued growth, persistent drainage, ulceration, bleeding, or pain deserves reassessment.

Follow up

Follow-up may be routine when a clinician has identified a small, stable, benign-appearing growth. Keep scheduled appointments so the ear can be examined for changes. If monitoring at home is recommended, a dated photograph may help document a visible outer-ear lesion. Do not insert a camera, cotton swab, or other object into the ear canal.

After a procedure, follow the care instructions for keeping the site clean and dry. Attend the postoperative visit even if healing seems normal. Ask when it is safe to swim, use earbuds,

wear a hearing aid, or change earrings.

Arrange a nonurgent appointment if a lump persists, slowly enlarges, repeatedly becomes inflamed, or begins interfering with hearing or ear devices.

Contact a clinician promptly for increasing redness, warmth, pain, drainage, bleeding, fever, or a rapid change in size. Sudden hearing loss should receive same-day medical assessment because early evaluation can affect treatment options.

Sources

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