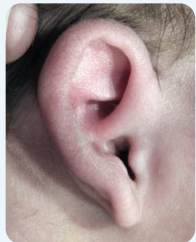


# UNDERSTANDING INFANT EAR SHAPE DEFORMITIES

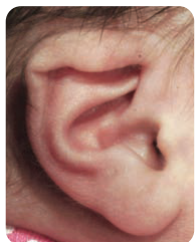
These are the most common types of infant ear shape deformities — what they look like, how often they occur, and why early evaluation matters. Many ear shape deformities can be gently corrected with non-surgical care when treated at 3 weeks of age.



## PROMINENT EAR

When one or both ears stick out more than usual from the side of the head.

- Noticeable projection from the skull
- Visible from the front
- Symmetrical or asymmetrical



## LOP / LIDDING EAR

The upper part of the ear folds over or down, sometimes making the ear appear soft or bent.

- Top third of the ear droops forward
- Curved appearance
- More noticeable from the side



## MIXED TYPES

Many babies have a combination of conditions — such as lidding with conchal crus, or prominent with Stahl's.

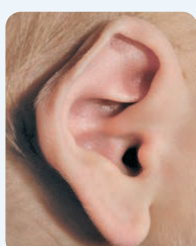
- Multiple folds or curves
- Uneven shapes between ears
- May vary in how noticeable they are



## STAHL'S EAR

An extra fold gives the ear a pointed or angular appearance.

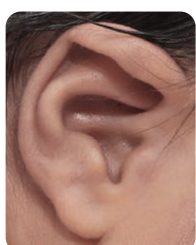
- Pointed upper ear
- Extra cartilage ridge
- Often appears on one side only



## HELICAL RIM

Flattening or folding along the outer rim of the ear that changes its natural curve.

- Flattened or pinched outer edge
- Uneven curve along the rim
- May affect one section or the full rim



## CONCHAL CRUS

A ridge of cartilage crosses the center of the ear, making it appear visually divided.

- Inner ear appears split
- Can cause forward projection
- Often seen with other ear differences



## CUP EAR

**Often overlaps with other types**

The ear looks small, tight, or overly curved — sometimes with narrowing of the opening.

- Curled rim
- Shallow ear bowl
- May appear smaller than other ear