

<b>Management option</b>	<b>Explanation</b>	<b>Strengths</b>	<b>Limitations</b>
Ear prosthesis	Usually silicone Attached with adhesive or bone-anchored with screws	No (or minimal) operating time  No donor site morbidity Can be changed to suit the growing patient	Non-permanent solution  Psychosocial impact  Less-realistic cosmetic outcome  Issues of attachment
Synthetic implants	Pinna created from synthetic material, implanted subcutaneously and skin grafted over	Reduced operating time compared to autologous costal cartilage grafting  No donor site morbidity  Reproducible outcomes	Not patient-specific  Long-term size and shape changes  Issues with rejection, extrusion and infections
Autologous costal cartilage graft  <i>Current gold standard</i>	Costal cartilage harvested and used to reconstruct the external ear	Less chance of rejection  Long-term stability  Custom-made  Grows with patient	Significant donor site morbidity  Multiple operations  Variable outcome based on surgical expertise
Tissue-engineered auricle	Use of a medical imaging and 3- dimensional printing to create a patient-specific scaffold, seeding with autologous auricular chondrocytes and implantation	Patient-specific  Reduced donor site morbidity compared to autologous costal cartilage grafting  Reproducible results  Less dependent on surgical expertise  Less chance of rejection	Financial cost  Limited evidence  Long-term outcomes unknown  <b>Multiple procedures/revision surgeries</b>  <b>Plasticity</b>  <b>Tumour formation</b>

Table I: Summary of treatment options for external ear deformities [1, 4, 18, 24]