

OPIUM ADDICTION AND CAULIFLOWER EARS: A CASE REPORT

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ABSTRACT

The case of an elderly Chinese male opium addict with cauliflower ears is discussed. He had no history of contact sports that could have led to auricular trauma resulting in deformed ears. Besides cauliflower ears, he had features of chronic bronchitis. The association between opium addiction and cauliflower ears was first described way back in 1932. It was attributed to the prolonged opium induced sleep on hard surface subjecting the ears to repeated pressure and trauma. With the changing pattern of drug abuse, opium abuse related cauliflower ears will become a vanishing sign.

Keywords: Opium addiction, cauliflower ears

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INTRODUCTION

Opium smoking and addiction used to be a relatively common problem in the region until the late 1960's and early 1970's⁽¹⁾.

Cauliflower ears is a phenomenon among some of the opium addicts⁽²⁾. The association between cauliflower ears and opium addiction was first recognised by Errol Flynn in 1932⁽²⁾.

CASE REPORT

A 74-year old male Chinese was admitted for exacerbation of his chronic bronchitis. He had a history of productive cough and exertional dyspnoea for many years for which he had irregular treatment, both traditional and modern. There was no other significant history of note.

He was born in southern China and migrated to then Malaya at the age of 20. He had no formal education. He earned his living as a manual labourer. He was introduced to opium in Malaya. He found that he could stand the strain and vigour of the arduous manual work better with opium. He smoked opium regularly and became addicted to it. His smoking took place in the company of friends in opium dens and later in isolation. After each smoke, he would go to sleep for hours on a wooden bed, resting his head on a wooden pillow. At times, he slept on the way-side or temples. For the last two decades, he has changed to ingestion of opium.

He spent a significant portion of his earnings on opium that he could not afford to marry. He stayed with his friends and lived on alms from his friends and neighbours during the last 15 years.

There was no history of contact sports like boxing or other activities that could have led to auricular trauma.

Clinical examination showed a thin, elderly Chinese man. There were bilateral swollen, deformed, modular auricles - cauliflower ears (Fig. 1). There was no discoloration and roughening of the skin over the mastoid, iliac crest and greater trochanter.

In the chest, there was decreased breath sounds and bilateral crepitations with impaired chest expansion. Other systems were unremarkable.

Investigations revealed his haemoglobin to be reduced at 11.4 gm/dl. The total white count, urine microscopy, blood urea, serum electrolytes, sputum for acid fast bacilli and culture were all normal. Chest radiograph showed increased bronchio-vascular markings in the lower lung fields with areas of basal fibrosis. Lung function tests showed features of partially reversible obstructive lung disease. He was treated symptomatically with chest physiotherapy, bronchodilators and vitamins. During his stay in hospital, he had withdrawal symptoms. He was craving for his daily dose of opium and was insistent on discharge from hospital.

Fig 1. - Cauliflower ear.



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DISCUSSION

Opium smoking was brought into the country primarily by the immigrant Chinese from China. In 1929, there were 125,313 registered smokers in the Federated Malay States and the Straits Settlement, almost exclusively Chinese⁽¹⁾.

The Chinese labourers in then Malaya used opium as a panacea against tropical diseases and as a means of relief from the pain and loneliness of work in the tin mines and rubber estates⁽¹⁾. However, opium abuse was controlled prior to the second World War and was ultimately banned.

Opium addicts were usually admitted for respiratory system related illnesses (as was this patient). Opium addiction is not usually revealed in the history. Unless tact and direct interrogation is resorted to on suspicion, the history is not forthcoming. There are generally no definite signs to look for.

Errol Flynn, a film star, apparently first recorded the association between cauliflower ears and opium usage as early as 1932 in Hong Kong⁽²⁾. His female companion was able to accurately recognise opium addicts by their cauliflower ears. Seeing cauliflower ears, therefore, may lead one to actively seek the history of opium abuse with more confidence.

The development of cauliflower ears is attributed to the prolonged opium induced sleep on hard surface subjecting the ears to repeated pressure and trauma.

Opium abuse has been very largely replaced with heroin and morphine during the 1960's and 1970's⁽¹⁾. The typical addict user is no longer the opium den frequenting elderly Chinese reported all over Southeast Asia until the mid-twentieth century⁽¹⁾.

With the changing pattern of drug abuse, opium abuse related cauliflower ears will become a vanishing sign.

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