**Introduction:** Some people are born with a small dimple right in front of the ear, where the arch of the ear lobe inserts into the face. This is a remnant of a cyst that used to exist in front of our ears before we were born. In the majority of the people, this cyst completely obliterates before birth. In select people, the cyst never goes away and the sac as well as the connecting duct to the outside of the skin persists. We introduce the case of a boy with two cystic sacs in his left ear. There exists differences in nomenclature of these embryonic structures. They are known by a variety of names, such as "helical fistula" and "preauricular fistula," "sinus preauricularis congenita," "branchial fistula in the external ear," or "fistula auris congenita."

**Abstract:** A congenital pit or sinus involving the ascending limb of the helix of the ear or the preauricular region is of little importance unless it gives rise to an offensive discharge or forms a retention cyst. When infected, such a lesion is of considerable clinical significance, since drainage, extension, scarring and disfigurement are the common sequelae. Infection also may result in a secondary preauricular lesion, which so dominates the clinical picture that the underlying fistula itself may be overlooked entirely.

**Method:** Our patient B.B., 24 years old, presented in our clinic with complaints of two small preauricular, no dolor masses in the left ear, with diameter 6mm-10mm. No discharge were ever from them, but esthetic purpose pushed the patient to resolve this problem. After the general blood test and ultrasonography of the preauricular cyst, we opted for surgery. Under local anesthesia, using the diathermocautery, we took off the cysts, and closed the defect.

**Results:** The surgical treatment is often the treatment of choice. In rare cases we could only observe the preauricular cyst, but sometimes could choose the medical treatment (oral antibiotics) in first case, if we have pus discharge. It is seen a better self-esteem was seen after complete removal of cysta. Usually portion of the cyst that is underneath the skin is also lined with normal skin tissues. As such, it does produce new skin on a regular basis, and the old skin is shed off. However, since the old skin cannot be washed away during regular showering, some of this accumulates within the sac. By resection we prevent the sac may become bigger or even get infected.

**Recommendations:** We recommend to remove all these preauricular cysts preventively before any symptoms develop. Newer thinking recommends such procedures only in symptomatic patients. During an active infection episode, the treatment is to be given oral antibiotics. If there is a large collection underneath, the patient may also need to have drainage of abscess done in the emergency setting. The patients with frequent infections could benefit from having the entire sac removed during surgery. This is typically done in the operating room under local or general anesthesia, depending at how deep the portion of the sac runs to the cartilage of the ear which might also need to be removed at the same time.