

External auditory canal cholesteatoma: A case report



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Abstract

We present a case of cholesteatoma of external auditory canal with invasion to attic, aditus and antrum. Tympanic membrane remained intact. Malleus, incus and stapes supra structure were absent with dehiscent horizontal segment of facial nerve. Cochlea was totally dehiscent. Symptoms were only chronic otorrhoea and hearing impairment. Diagnosis was based on clinical analysis. CT Scan was used to measure pathology. Treatment was Modified radical mastoidectomy associated with meatoplasty.

Introduction

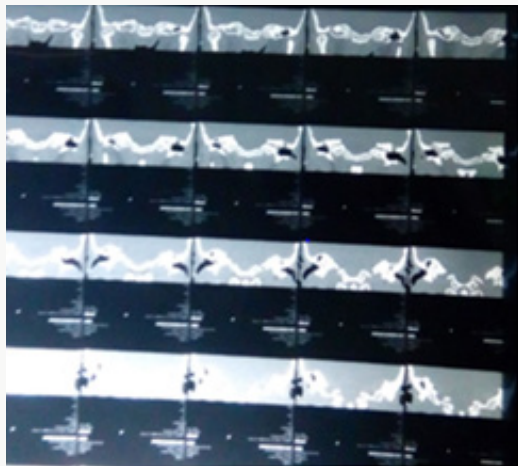


Figure 1a: HRCT Temporal bone coronal view.

17 years old female, presented to Otorhinolaryngological outpatient department of IOM, TUTH with complains of bilateral ear discharge and bilateral decreased hearing since childhood. She had a history of right atticotomy with PORP placement 2 years back. Since then there is no history of discharge from right ear. Otoscopy showed intact left tympanic membrane with cholesteatoma in left external auditory canal attached with posterosuperior part of pars tense and posterior attic. Pure tone audiometry showed 40dB mild conductive hearing loss in right ear and 59dB moderate conductive hearing loss in left ear. Cholesteatoma of external

canal was suspected and high resolution CT scan of temporal bone was requested. CT scan showed soft tissue density in left external auditory canal and left mastoid cavity (Figures 1a & 1b). Intraoperative observation revealed cholesteatoma in left external auditory canal, attic, aditus and antrum. Dural plate and semicircular canal were intact. However sinus plate was exposed, facial nerve was dehiscent in horizontal segment. Cochlea was totally dehiscent (Figure2). Regarding ossicular status malleus, incus and stapes supra structure were totally absent. We conducted Left modified radical mastoidectomy with meatoplasty.

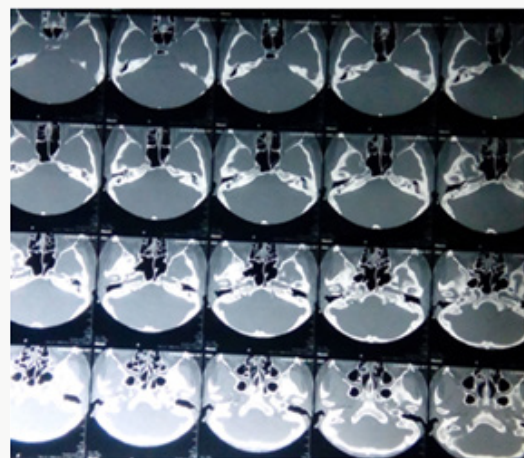


Figure 1b: HRCT Temporal bone axial view.

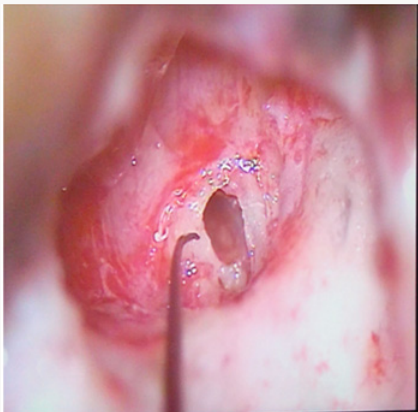


Figure 2: Dehiscent cochlea.

Discussion

Cholesteatoma rarely originates from external auditory canal. External auditory cholesteatoma has a incidence of about 0.1-0.5% in new patients with ear problems [1-3]. Progression of disease is slow, thus it is evident especially in elderly people [4,5]. It can affect adjacent structures (lateral sinus, facial nerve, posterior cranial fossa). Therefore, a CT scan is recommended for all patients [1,2,6,7]. Surgery is the treatment of choice, whose main purpose

is to eradicate the lesion and, if possible, preserve the patient's hearing acuity [8].

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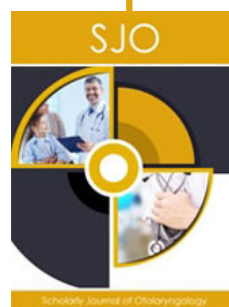


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