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Research Article

A CASE REPORT OF RIGHT CHRONIC SUPPURATIVE OTITIS MEDIA WITH CHOLESTEATOMA AND AURAL POLYP

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ABSTRACT

Chronic suppurative otitis media is an inflammatory process in the middle ear space which results in long term permanent changes in the tympanic membrane like cholesteatoma and here it is an acquired type. Cholesteatoma is an erosive process defined by trapped squamous epithelium that produces and accumulates desquamated keratin debris. The probability of cholesteatoma being associated with aural polyp is 70-80%, when it is composed of raw granulation tissue and keratin flakes and in contrast, if it is composed of fibrous core with a covering epithelium there are chances of cholesteatoma being absent. Here there is a case of 16 year old female patient presented to our ENT department with a complaints of hard of hearing since 2 months and pain in right ear since 1 month and tuning fork tests shows rinne's test negative in right ear and positive in left ear, weber's is lateralised to right ear for both 256Hz and 512Hz.

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INTRODUCTION

Chronic suppurative otitis media is an inflammatory process in the middle ear space which results in long term permanent changes in the tympanic membrane like cholesteatoma and here it is an acquired type. Cholesteatoma is an erosive process defined by trapped squamous epithelium that produces and accumulates desquamated keratin debris.

CASE REPORT

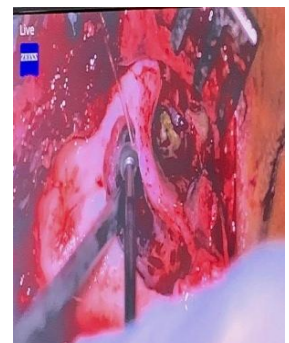
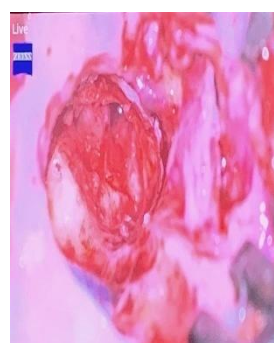
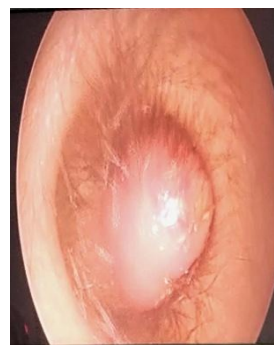
A 16 year old female patient presented to our otorhinolaryngology outpatient department with a chief complaint of hard of hearing since 2 months and pain in right ear since 1 month and on examination, with otoscope a pinkish mass is noted and tympanic membrane was not visualised.

Tuning fork tests shows Rinne's negative in right ear and positive in left ear, weber's lateralised to right ear for both 256Hz & 512Hz. CT scan shows in the right ear there is a large, expansile, soft tissue mass in right mastoid antrum and extending in to external auditory meatus and eroding middle ear with mass of size 14*15*18*mm associated with smooth erosion of bony wall noted suggestive of cholesteatoma.

OPERATIVE FINDINGS

Under strict aseptic conditions, after placing the patient in supine with right ear up position xylocaine with adrenaline

infiltrated 1.25cm postaurally and william wildes incision given & Temporalis fascia graft is harvested.



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Mucoperiosteal incision given, spine of henle & macevans triangle identified. External meatotomy is done, drilling started over mastoid antrum & facial bridge is removed. Cholesteatoma identified and removed, aural polyp is crushed & removed. saline irrigation and suction done, incus and malleus seem to be eroded and removed. Chorda tympani and lateral scc identified & stapes present. Facial nerve identified and preserved, graft placed over stapes head and meatoplasty done & mastoid cavity exteriorised to eac then gel foam placed. Incision closed in layers after placing soframycin wick in eac & masoid cavity. Mastoid bandge applied, post operative period uneventful.

DISCUSSION

The probability of cholesteatoma being associated with aural polyp is 70%-80%, when it is composed of raw granulation tissue and keratin flakes and in contrast, if it is composed of fibrous core with a covering epithelium there are chances of cholesteatoma being absent.

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