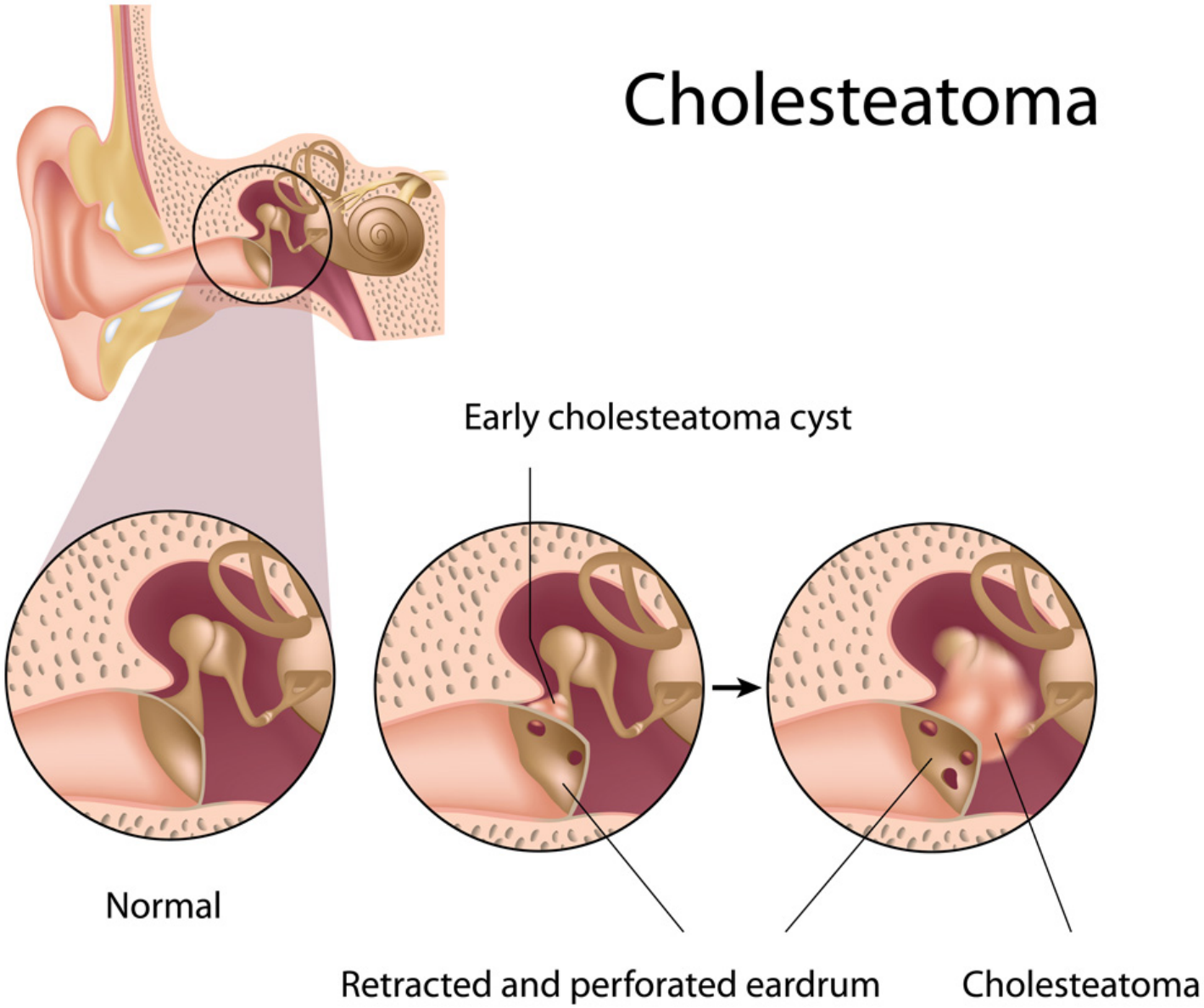
CHOLOSTEATOMA

CHOLOSTEATOMA: A SERIOUS CONDITION OF THE EAR



- What is a cholosteatoma?
- What causes cholesteatoma?
- What are the symptoms?
- Is it dangerous?
- What is the treatment?

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- If I do nothing, what will happen?
- Will I always have this problem?
- Can it be removed or treated?

What is a cholosteatoma?

The cholosteatoma is a skin growth found in an abnormal area of the middle ear, behind the ear drum. It is usually due to repeated infections which can cause perforation of the drum. Often cholosteatoma take the form of a cyst or blister wherein skin cells stack on top of one another in the ear. Over time, the cholosteatoma can increase in size and destroy sensitive bones of the middle ear. Hearing loss, dizziness and paralysis of facial muscles is rare but can be a result of continuous development of cholosteatoma.

What causes cholosteatomas?

The cholosteatoma usually caused due to malfunction of the Eustachian tube and from infection of the middle ear. The Eustachian tube carries air from the back of the nose to the middle ear to equalize the air pressure. When the Eustachian tube does not work normally, usually due to allergy, common cold or sinusitis, the air in the middle ear is absorbed thereby creating a partial vacuum. The vacuum pressure causes a retraction cyst that stretches the drum especially in areas that are weak due to previous inflammation. The cyst is often cholosteatoma. A rare form of congenital cholosteatoma (present from birth) can occur in the ear and elsewhere as well as the adjacent bones of the skull base. Whereas the type of cholosteatoma that can follow ear infections are more common.

What are the symptoms?

Initially the ear secretes discharge and sometimes displays a bad odour. As the cholosteatoma cyst increasing in size it can cause a feeling of fullness and pressure in combination with hearing loss. You may feel pain behind or inside the ear, especially at night that can disturb the sufferer. Dizziness, muscle weakness on one side of the face particularly by the affected ear may occur. All the above are reason enough for the patient to seek medical advice.

Is it dangerous?

The ear cholosteatoma can be dangerous and cannot be ignored. Bone erosion can cause dispersion of the contamination to the surrounding areas of the inner ear or the brain. So if left untreated can lead to hearing loss, brain abscess, meningitis and rarely death.

What is the treatment?

An examination by an ENT doctor can confirm the diagnosis. The initial treatment recommended is a thorough cleaning of the ear, antibiotics and ear drops. The treatment requires stopping the continuous secretion to control the inflammation. The extent and characteristics must also be evaluated. Chronic cholosteatomas usually require surgical treatment to protect the patient from dangerous complications.

Headphones and balance test, radiographic, mastoid and skull base examination and often CT scans are necessary to estimate the residual hearing level and extent of corrosion. The surgical treatment in most cases is done under general anesthesia. The main goal of surgery is to remove

the infection and cholosteatoma to obtain a dry ear that is not inflamed. Protecting hearing and retrieval of auditory capacity is the second objective. In cases of severe damage to the ear hearing reparation may not be possible.

Surgical repair of the facial nerve or procedures to control dizziness are rarely required. The rebuilding is not always possible during the first surgery and therefore a second operation may be necessary after 6-12 months. During the second operation we try to repair their hearing while exploring the middle ear cavity and mastoid for any recurrence of cholosteatoma.

Admittance to the hospital is in the morning of the same day of the surgery and surgery is done early in the morning so that patients may be released on the same day. For some patients it is necessary to stay overnight. In rare cases of severe inflammation it may require some days with vigorous antibiotic treatment in the hospital before and after surgery.

The total period of abstention from work is usually one to two weeks. Follow up examination after surgery is necessary and important because the cholosteatoma may recur. When there is an open cavity due mastoeidectomy it is recommended to have visits every few months in the practice to clean the cavity and reduce the risk of new infection. In some patients there should be periodic examination of the ear throughout the duration of their life.

SUMMARY:

Cholosteatoma is a serious and dangerous but treatable ear condition which can only be diagnosed by medical examination. Persistent earache, discharge from the ear, ear pressure, hearing loss, dizziness, facial muscle weakness are all signs that need examination by a specialist ear, nose and throat doctor.