

Letters to the Editor

Correction

We have been asked to give the correct name and address of the publishers of the book reviewed by Mr J. A. M. Martin which appeared in the January issue of this year.

The book entitled 'Causes of Early Childhood Deafness' by P. M. van Rijn, is published by:

Thesis Publishers,
Bickersgracht 60,
1013 LG,
Amsterdam

and is priced at Dfl. 54.50 or \$32.50 including postage and packing.

Editor

The surgical management of large glomus jugulare tumours: infra and trans-temporal approach

Dear Sir,

This superbly illustrated and well reasoned account by Moffat and Hardy (1989, 103: 1167-1180) is a most valuable work. We agree with all they say but for one small point; small that it is from the surgical side but important from the imaging aspect.

We do not agree that angiography is necessary to exclude the presence of an ectopic internal carotid artery. Our standard regime for investigating middle ear masses, namely thin section high resolution CT in axial and coronal planes, will give a clear demonstration of the intrapetrous carotid canal. If the normal bony plate between the artery and the hypotympanum is not shown, then thoughts of a rare dehiscence or of an aberrant artery should be entertained, but in the latter case the 'soft tissue mass' of the artery in the middle ear can almost always be correlated with the abnormal bony features. Moreover, the aberrant artery will contain fast flowing blood giving no signal on Gadolinium enhanced MRI and hence easily distinguished from a glomus tympanicum tumour. The even rarer intrapetrous carotid aneurysm may contain blood clot giving a high signal on MR sequences but the combination of high signal from clot and no signal from flowing blood in an aneurysm is usually characteristic on MRI.

Our last four cases of a carotid artery in the middle ear were all predicted confidently from the CT appearances although in three the surgeon requested angiography for confirmation. The correct diagnosis was not suspected before the CT examination in two of these and in none of the three was the mass red or obvious on otoscopy. The most important feature on the CT scans was the shape of the mass in the hypotympanum and absence of bone between the mass and the carotid artery (Fig. 1). We

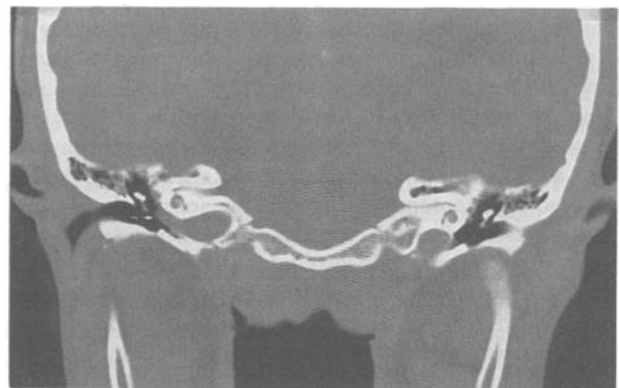


FIG. 1

Coronal CT section at the level of the cochlea showing the carotid artery extending into the lower middle ear cavity (arrow). Note also the characteristic flattening of the promontory. Compare with the normal side where the bony plate between artery and middle ear is shown clearly (from *Diagnostic Imaging of the Ear* by courtesy of the publishers, Springer AG, Berlin).

believe that an aberrant carotid artery should never be misdiagnosed as a glomus tumour if an adequate CT examination is carried out beforehand.

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