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Learning Objectives:

A Case Report of Keratosis obturans - often misdiagnosed

Introduction: A case report of Keratosis Obturans in a 32 year female patient. The condition is often misdiagnosed and requires careful history taking and clinical examination to diagnose and rule out the disease. It should be differentiated from external auditory canal cholesteatoma, presence of osteonecrosis and focal overlying epithelial loss are the most reliable features favouring the diagnosis of external ear canal cholesteatoma over keratosis obturans

Materials and Methods: All the necessary investigations viz. routine Blood investigations, serological profile, imaging studies i.e HRCT Temporal bone both sides along with orthopantomogram to rule out (TM)Temporo-mandibular joint involvement was done, Pure tone Audiometry was done which showed moderate to severe conductive hearing loss on the affected side.

Patient was planned for surgery under GA.

Result: While operating large keratotic mass was seen extending superiorly into tegmen, posteriorly into mastoid extending upto tip cells, anteriorly involving TM joint, the entire keratotic mass was removed and bone was drilled, wide canal meatoplasty was done, excised mass was sent for HPR and was confirmed as keratosis obturans, post operative CT scans were done to recheck.

Conclusion: Keratosis obturans is a rare disease and often misdiagnosed, proper diagnosis with help of imaging modalities is essential to plan for surgery and eradicate disease.

Trauma and anatomical deformity of TM joint and EAC might be a precipitating factor.

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A Case of Extensive Cholesteatoma with Bezold's Abscess

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Learning Objectives: A rare case of Extensive cholesteatoma with Bezold's abscess.

Introduction: A case of 19 year female patient with complains of continuous foul smelling discharge and swelling behind ear in mastoid region extending to upper neck region came to our OPD. On examination it was diagnosed as attico antral type of COM with Bezold's abscess diagnosis confirmed by CT imaging.

Materials and Methods: All the necessary investigations viz. Routine Blood investigations, serological profile, imaging

studies i.e HRCT Face including Temporal bone and neck, Pure tone Audiometry was done which showed severe conductive hearing loss on the affected side. Patient was planned for I and D of abscess further planned for Radical mastoidectomy under GA.

Result: Following I & D we saw large amounts pus draining from abscess and erosion of cortical bone with huge extensive cholesteatoma debris, hence planned for mastoidectomy extending the incision further planned for radical mastoidectomy, we saw huge extensive cholesteatoma filled in mastoid cavity with multiple fistulae was noted, steps of radical mastoidectomy followed, adequate post op care was taken.

Conclusion: Cholesteatoma has been known to be associated with multiple complications either extracranially or intracranially. Among the extracranial complications, mastoiditis and mastoid abscess are the most common. Bezold's abscess formation with cholesteatoma is a rare occurrence but when present can lead to sinister sequelae if not properly managed. The treatment of cholesteatoma is mainly by surgical exploration namely mastoidectomy. The aim of treatment is to eradicate the diseased mastoid and to prevent subsequent complications. Beside surgical intervention, the patient will also require intensive systemic and topical antibiotic therapy. With proper treatment patient will be rescued from experiencing further life-threatening complications.

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Use of a thinly sliced cartilage technique in a canal wall up procedures

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Learning Objectives: We have performed canal-wall-down tympanoplasty reconstruction with soft posterior meatal wall for cholesteatoma as a single-stage operation from 1998 to 2009. Although this method designed to prevent a cholesteatoma recurrence, posterior meatal wall often retracts like balloon similar to that of conventional open method operation and it has sometimes caused cavity problems, in long-term follow-up.

As you know, in approximately 80% of an anterior attic bony plate of pars flaccida is closed in cholesteatoma cases. As results ventilation routes from Eustachian tube to epitympanum and mastoid antrum are hard to be formed by the single staged operation.

Therefore, after 2010, we decided to perform thinly sliced cartilage technique in a canal-wall-up procedure with planned staged tympanoplasty in many cases.

Cartilage is used as perichondrium-cartilage island flap, and it includes treatment and prevention of attic retraction, reconstruction of scutum and reconstruction of tympanic membrane. This cartilage is the size enough to reconstruct scutum and an eardrum by one. The island flap is simple to use more than a way using both of a cartilage and a