

Letters to the Editor

Radiological help?

Dear Sir,

Two recent articles in this journal warrant comment. I was interested in the Case Report by Davis and Robin (1989, 103: 94–96), on the transpalatal approach to the petrous apex, although most cholesterol granulomas in the petrous apex occur superiorly rather than inferiorly and would therefore not be suitable for this approach. Diagnosis by magnetic resonance, which demonstrates these lesions well and differentiates them from cholesteatoma and aneurysm quite clearly would have been quicker, safer and cheaper than the angiography and direct needling that was used.

The report of a high jugular bulb by Shotton *et al.*, (1989, 103: 101–106) was a pertinent reminder of the surgical hazards of the jugular bulb, but far from being unique, this anomaly is relatively common and has recently been extensively surveyed by the Uppsala School (Wadin and Wilbrand (1986) The topographic relations of the high jugular fossa to the inner ear. A radioanatomic investigation. *Acta Radiol Diagnosis*, 27: 315–324). The multiple base CT sections depicted in this case report show that the jugular fossa had no direct communication with any inner ear structures, except possibly the vestibular aqueduct, and there is considerable confusion over the chain of air cells above the internal auditory meatus. The air cells are shown in the rather poor coronal tomographic section, but more clearly on the reformatted CT, and have no relation whatsoever to the jugular bulb.

Yours faithfully

P. D. Phelps, M.D., F.R.C.S., F.R.C.R.
Consultant Radiologist

Walsgrave Hospital,
Clifford Bridge Road,
Walsgrave,
Coventry CV2 2DX.

Dear Sir,

I am very happy for you to publish the letter, Could you add the observations that:

- (a) M.R. was not available
- (b) Radiologists think they can give a diagnosis, but they are repeatedly wrong.

Yours faithfully

P. E. Robin, M.D., F.R.C.S.
Consultant ENT surgeon

Dudley Road Hospital,
Dudley Road,
Birmingham B18 7QH.

Dear Sir,

We were interested to read the comments of Dr. Phelps regarding our recent case report. We are, of course, well aware that a high jugular bulb is not uncommon and that this has recently been reviewed. The purpose of the case report was to demonstrate a venous anomaly in the bone of the posterior wall of the internal auditory meatus. Since this was medial to inner ear structures, it prevented access to the internal auditory meatus from the posterior fossa.

This anomaly, unlike the one to which Dr Phelps refers, which has been called *Medial Jugular Bulb Diverticulum*, is, in fact, very rare.

Yours faithfully

J. C. Shotton, F.R.C.S.
Senior Registrar in Oto-Laryngology
(for and on behalf of the authors)

King's College Hospital,
Denmark Hill,
London SE5 9RS.