Unilateral otitis media with effusion

Christopher M. Johnson, MD; Sean R. Wise, MD; Ben J. Balough, MD; Terence E. Johnson, MD

ABSTRACT

Unilateral otitis media with effusion (OME) is a relatively common clinical diagnosis that must be distinguished from a range of other causes of unilateral hearing loss. Endoscopic examination of the nasopharynx is an essential portion of the initial evaluation of patients with OME. Patients with mass lesions in the parapharyngeal space may present with OME as the primary symptom, making a high index of suspicion necessary in the differential diagnosis.

INTRODUCTION

Case 2 Discussion

All three patients in this case series presented with unilateral otitis media with effusion. All three were later found to have a parapharyngeal space/skull base mass. Two were eventually diagnosed with nasopharyngeal carcinoma (NPC). The third patient was later diagnosed with adenoid cystic carcinoma. The time from initial presentation to diagnosis was eight months. He was eventually diagnosed with nasopharyngeal carcinoma.

Case 1 Discussion

In conclusion, mass lesions in the parapharyngeal space can cause obstruction of the Eustachian tube (ET), which could potentially identify a parapharyngeal space/skull base mass earlier in the disease course. A posterior sinus CT can evaluate the middle ear and mastoid air cells, and can also allow for visualization of the paranasal sinuses. A CT scan provides an effective tool to evaluate the paranasal sinuses and exclude a sinonasal pathological process.

REFERENCES