Clinical analysis of 22 cases with automastoidectomy caused by cholesteatoma

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ABSTRACT

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DISCUSSION

All 22 cases of this study had no history of surgery or trauma to the involved ear. Causative factors were almost the same, except for 22 cases and marks or cholesteatomas incu was found in the auricle, auricular, and mastoid area. Repeated and progressive hearing loss could be considered as primary acquired cholesteatoma and extension of stape.

Mean duration of symptoms was 23.1 years, except in cases of chronic otitis media (33.1 years) and congenital or secondary acquired cholesteatoma (9 months). The hearing loss, which was progressive without adequate treatment, showed improvement during a long period may show no improvement and progressive hearing loss. If a slowly progressive hearing loss is seen, especially in cases with advanced hearing loss, it should be considered as stape.

CONCLUSIONS

Most cases usually have a long duration of symptoms, such as deafness and hearing disturbances, which are generally not severe. While symptoms may even regress, complications due to stapedial surgery could include facial weakness, infection, and stapedial surgery. This is due to the fact that many cases showed partial obliteration or total obliteration of the stapes footplate, which resulted in hearing impairment and facial paralysis. The authors concluded that all cases of automastoidectomy caused by cholesteatoma should be referred to an otolaryngologist for a detailed medical examination and surgical treatment.

Figures 1 and 2 show temporal bone computed tomography images of patients with automastoidectomy state, and cholesteatoma in the automastoidectomy cavity and epitympanum. Cases 1 and 2 showed exposed tympanic and mastoid segments with ischemic change and a House-Brackmann grade of 5. The authors concluded that all cases of automastoidectomy caused by cholesteatoma should be referred to an otolaryngologist for a detailed medical examination and surgical treatment.

Other findings showed that major complications were fistula formation of the lateral semicircular canal (SCC), facial palsy, total sensorineural hearing loss, and intracranial invasion. "Automastoidectomy" is an uncommon but rather unique complication of cholesteatoma of the attic. The authors analyzed the treatment of patients with "automastoidectomy" due to cholesteatoma and reported pre-, intra-, and post-operative findings.

There was no evidence of disease recurrence in 20 cases. A large perforation of the tympanic membrane without otorrhea was observed in 1 case and retraction of the tympanic membrane (Sade grade 1) was observed in 1 case. These 2 cases showed exposed tympanic and mastoid segments with ischemic change and a House-Brackmann grade of 5. The authors concluded that all cases of automastoidectomy caused by cholesteatoma should be referred to an otolaryngologist for a detailed medical examination and surgical treatment.