CHOLESTEATOMA

Aural Polyps
Covert attic cholesteatoma. A small attic polyp is present superiorly. A purulent effusion seen behind the pars tensa is causing active otorrhoea.
A small attic polyp is seen superiorly, occluding a view of and attic defect and cholesteatoma. A large retrotympanic sac is distending the pars tensa.
Classic attic polyp. Suspect attic cholesteatoma until proven otherwise. Purulent middle ear effusion.
Attic cholesteatoma obscured by a polyp that fills the attic defect. There is a probable retrotympanic sac, seen as an ill-defined creamy shadow behind the drum.
Attic polyp and attic cholesteatoma. Horseshoe-shaped tympanosclerotic plaque in the pars tensa.
A large erythematous polyp occluding the upper Rt EAC. Probable attic cholesteatoma. Removal by suction should confirm this suspicion.
A large polyp occluding access to the attic. The mesotympanum appears clear of cholesteatoma, but active attic pattern disease seems probable.
Attic polyp. Creamy keratinaceous exudate present superiorly. A large mesotympanic cholesteatomatous sac is distending the pars tensa.

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A large attic cholesteatoma. A polyp occludes the pars flaccida defect, and a sac fills the posterior mesotympanum. A past grommet insertion has caused an anterior dimple.
A large granuloma filling the EAC, highly suspicious of underlying cholesteatomatous otitis media.
Occlusion of the EAC by a large polyp. Remove by suction toilet or by piecemeal micro-scissor trimming. Desist if pain or vertigo are encountered.
Attic cholesteatoma, shielded by a larger polyp. Removal will show the pars flaccida defect filled with keratin.
Pars tensa cholesteatoma. The drum posterior to the handle of the malleus has collapsed. A large polyp protrudes from the attic through the collapsed section.
Aural polyp in a pars tensa pattern cholesteatoma. The drum is collapsed, with the polyp extending from cholesteatomatous extension superiorly.
Probable combined attic-pars tensa cholesteatoma. Posterior pars tensa collapse is evident, and a large polyp protrudes from the attic.
Aural polyp in an open cavity mastoidectomy site, secondary to underlying continuing chronic disease.
A longstanding occluding aural polyp, secondary to cholesteatoma or very chronic middle ear infection. Fibrosis may necessitate piecemeal removal.

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EAC occlusion by a chronic polyp formation. The polyp is fibrosed and undergoing squamous metaplasia. Probable advanced disease present.
An aural polyp protruding from the EAC. Suspect cholesteatoma, pending removal and further inspection.