CHOLESTEATOMA

Combined Attic-Pars Tensa Patterns
Developing combined pattern cholesteatoma. Collapse of both the pars flaccida and the pars tensa. Early keratin accumulation is occurring on the posterior scutum.
Combined attic and pars tensa collapse. Keratin is seen via the attic defect. A purulent effusion is present behind the anterior pars tensa.
Keratin debris in a combined attic-drum collapse pattern.
Overt attic cholesteatoma plus pars tensa collapse. A serous effusion is present. The long process of the incus is eroded, with only fibrous attachment to the stapes head.
Marked collapse of the entire drum, profuse attic and pars tensa keratin debris. Granulations over the posterior scutum and covering the lower pars tensa.
Combined attic-pars tensa collapse with keratin accumulation indicating early cholesteatoma formation.
Gross combined attic and pars tensa collapse. Necrosis of the long process of the incus, keratin evident in the attic.
Advanced combined disease pattern. A large attic defect has necrosed, exposing chronically infected attic lining. Probable severe tubal failure.
Marked localised pars tensa collapse and gross invagination into a larger attic defect with early keratin debris present. Concurrent serous effusion.
Extensive combined pattern cholesteatoma. A large attic defect is present in continuity with severe posterior pars tensa collapse and perforation. Chronic myringitis present.

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Gross combined pattern collapse with attic erosion and severe ossicular chain destruction. The pars tensa remnant is heavily tympanosclerotic.
Severe combined pattern cholesteatoma. Keratin plug in the posterior attic. Subtotal ossicular chain loss. The drum has collapsed on to the facial nerve (horizontal vessel evident).
Gross combined collapse. Gossamer-thin invagination into the Eustachian orifice. Extensive chain necrosis and advanced attic EAC wall necrosis.
Extensive drum collapse, total ossicular loss, attic erosion and keratin accumulation in the attic. There is a large perforation over the Eustachian orifice.
Marked attic and aditus evisceration by advanced combined pattern disease. Chain severely necrosed. Severe pars tensa collapse, probable chronic mucoid effusion.