CHOLESTEATOMA
A Brief Overview

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DEFINITION
A Sac/Cyst of Skin in the Ear

- Not a neoplasm
- Frequently silent onset
- Capable of major complications
CHOLESTEATOMA

Classification

- Congenital
- Acquired
  - Attic
  - Pars tensa
  - Combined Attic-Pars tensa
Acquired cholesteatoma is the end Stage IV of adhesive otitis, where the drum collapse has invaginated into the middle ear cleft, accumulating keratin debris.
Right Congenital cholesteatoma. Classic spherical “pearl”: a cyst of skin identical to external canal skin.
Attic cholesteatoma is an invagination of canal skin via the pars flaccida, forming a sac within the middle ear cleft.
Pars tensa cholesteatoma. Typical retraction pocket filled with silvery keratin extending superiorly into the attic. Severely tympanosclerotic remaining pars tensa.

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Combined attic-drum collapse pattern cholesteatoma.
When infected, cholesteatoma has a foul discharge, which may be blood-stained if accompanied by an aural polyp formation.
A conductive deafness is usually present, in this case accompanied by Type B tympanograms indicative of accompanying middle ear effusions.
Complications of posterior cholesteatoma extension. 1. Acute mastoiditis. 2. Lateral sinus thrombosis, disseminated abscesses, otitic hydrocephalus. 3. cerebellar abscess.
Rt. Facial paresis secondary to cholesteatomatous otitis media.
Acute mastoiditis in a child, secondary to active attic cholesteatoma. Typical fluctuant subperiosteal abscess overlying the superficial air cells postero-superior to the ear.

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Otitic hydrocephalus secondary to past cholesteatoma, retrograde sigmoid sinus thrombosis, meningitis and profound sensorineural deafness.
Axial CT scan showing marked cerebritis and cerebral abscess formation subsequent to chronic cholesteatomatous otitis media.
Because of the risk of complications, microsurgery is mandatory in many cases.
A major problem with surgery is a tendency for disease to persist as minute rests of residual cholesteatoma, or to reform sacs.
Reforming drum collapse after cholesteatoma surgery. Precise repairs are essential to prevent this complication.
To prevent recurrent sac formation the drum and canal wall are repaired with cartilage composite grafts.
SUMMARY

- A commonly covert disease
- Beware bloodstained or foul otorrhoea
- Beware granulations or polyps in the EAC
- Refer for specialist care if suspected