**Article 6** 



### Images in clinical medicine



# A historical cholesteatoma with almost all complications

Oussama Amraoui, Leila Essakalli

Corresponding author: Oussama Amraoui, Department of Otolaryngology, Head and Neck Surgery, Ibn Sina University

Hospital, University Mohammed V, Rabat, Morocco. oussamra@gmail.com

Received: 10 Oct 2021 - Accepted: 23 Oct 2021 - Published: 03 Dec 2021

Keywords: Cholesteatoma, complications, surgery

**Copyright:** Oussama Amraoui et al. PAMJ Clinical Medicine (ISSN: 2707-2797). This is an Open Access article distributed under the terms of the Creative Commons Attribution International 4.0 License (https://creativecommons.org/licenses/by/4.0/), which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

**Cite this article:** Oussama Amraoui et al. A historical cholesteatoma with almost all complications. PAMJ Clinical Medicine. 2021;7(18). 10.11604/pamj-cm.2021.7.18.31982

Available online at: https://www.clinical-medicine.panafrican-med-journal.com//content/article/7/18/full

## A historical cholesteatoma with almost all complications

Oussama Amraoui<sup>1,&</sup>, Leila Essakalli<sup>1</sup>

<sup>1</sup>Department of Otolaryngology, Head and Neck Surgery, Ibn Sina University Hospital, University Mohammed V, Rabat, Morocco

#### Corresponding author

Oussama Amraoui, Department of Otolaryngology, Head and Neck Surgery, Ibn Sina University Hospital, University Mohammed V, Rabat, Morocco

#### Image in medicine

A 65 year old patient, with no particular history, admitted for a left otorrhea complicated by facial palsy. The history of the disease goes back to 10 years with the installation of left purulent fetid otorrhea, warming up in the bath and calmed down by taking antibiotics, associated with homolateral otalgia and hypoacusis. The evolution was marked by the installation of a left facial paralysis as well as balance disorders such as rotatory vertigo. The patient did not report any headaches or rhinological signs. The clinical examination showed retro auricular skin fistulas (A) with otoscopy showing a left attic perforation extended to the pars tensa with lysis of the malleus handle. The facial palsy was grade 4

## **Article** 6



according to the House-Brackmann classification. The vestibular examination noted a Fukuda's positive sign (to the left), a right horizontal nystagmus caused by tragal pressure (fistula sign +). Pure tone audiometry showed a severe left conductive hearing loss and VHIT showed a collapsed gain of the left lateral semicircular canal (SCC). The temporal CT scan showed left tympanic mastoid tissue expansive lytic process, this lysis involved bony elements of the middle ear

including ossicular chain and facial nerve canal in its second portion (B,C): blue and yellow arrows) as well as the inner ear resulting in a lysis of the lateral semicircular canal (SCC) (C). Our patient underwent canal wall down tympanoplasty, the defect of lateral SCC was reconstructed using temporalis fascia with a good evolution. Cholesteatoma is an aggressive otitis whose early diagnosis allows the patient to avoid such complications.



Figure 1: image showing skin fistulas complicating a cholesteatoma; A) two supra-auricular and a third retroauricular; B) axial section of temporal bone CT scan showing a lytic mastoid process, involving bony elements of the middle ear including ossicular chain and facial nerve canal in its second portion (blue arrow); C) coronal section of temporal bone CT scan showing lysis of the facial canal (yellow arrow) and lysis of the lateral semicircular canal (black arrow)