

If you are viewing this course as a recorded course after the live webinar, you can use the scroll bar at the bottom of the player window to pause and navigate the course.

This handout is for reference only. It may not include content identical to the powerpoint. Any links included in the handout are current at the time of the live webinar, but are subject to change and may not be current at a later date.

Chronic Otitis Media and Cholesteatoma

Robert A. Battista, M.D.

Assistant Professor in Otolaryngology,
Northwestern University

Ear Institute of Illinois

Hinsdale, IL

Learning Outcomes

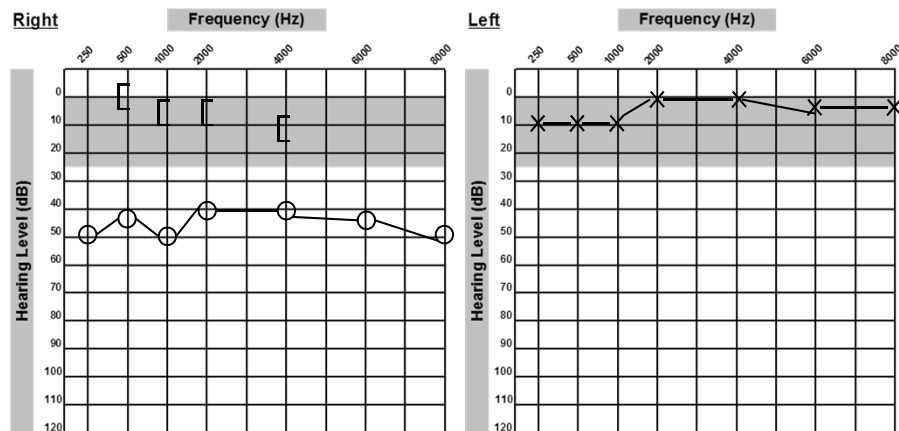
- 1) Describe the definition and treatment options for chronic suppurative otitis media.
- 2) Explain how to recognize adhesive middle ear disease on otoscopic exam.
- 3) List the symptoms and signs of cholesteatoma.

Ear Institute of Illinois

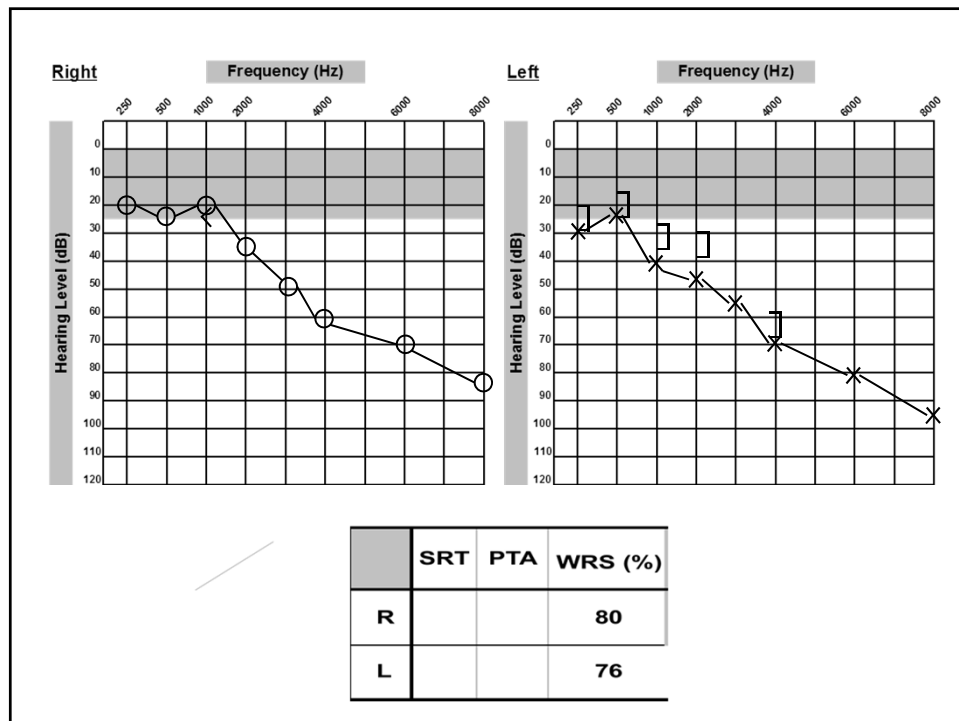
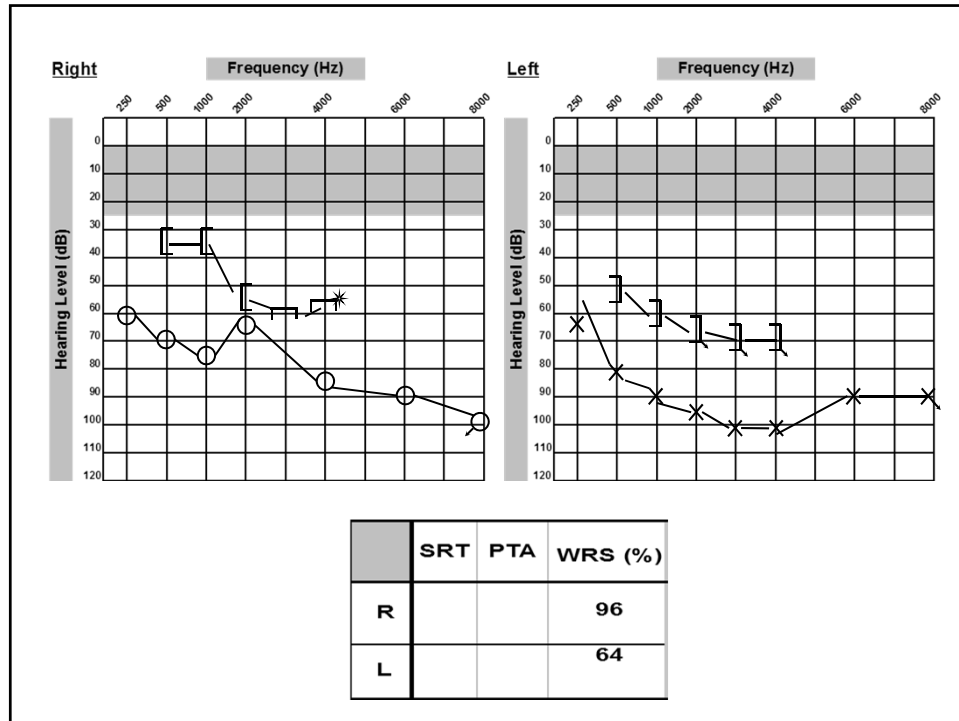
Chronic Ear Disease

- Chronic otitis media
 - Effusion
 - Suppurative
 - Adhesive
- Cholesteatoma
 - Acquired
 - Congenital

Ear Institute of Illinois



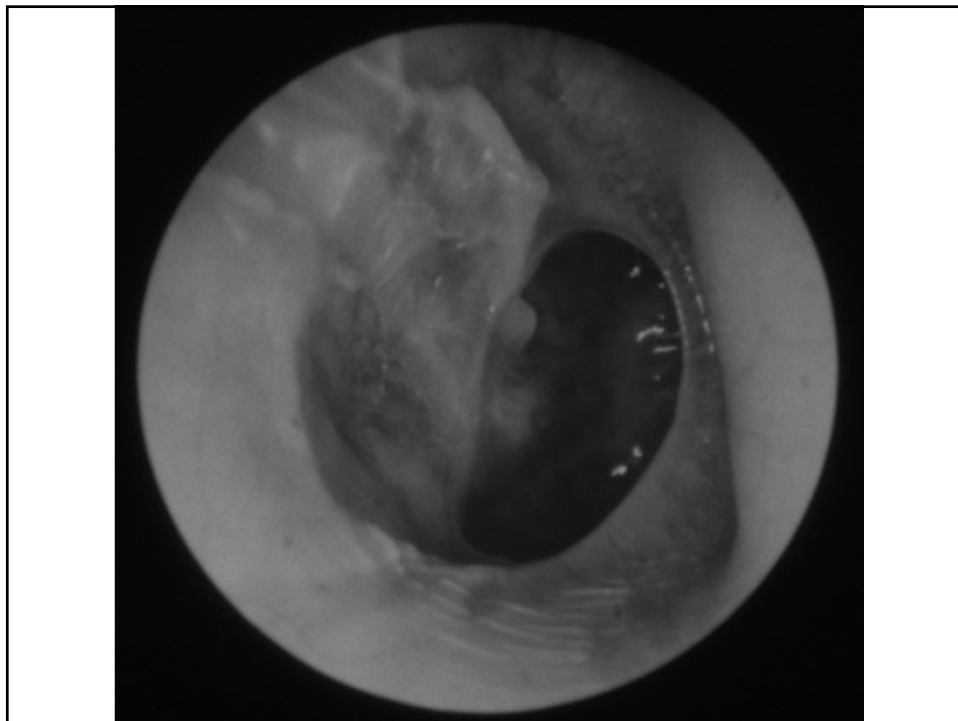
	SRT	PTA	WRS (%)
R			100
L			100

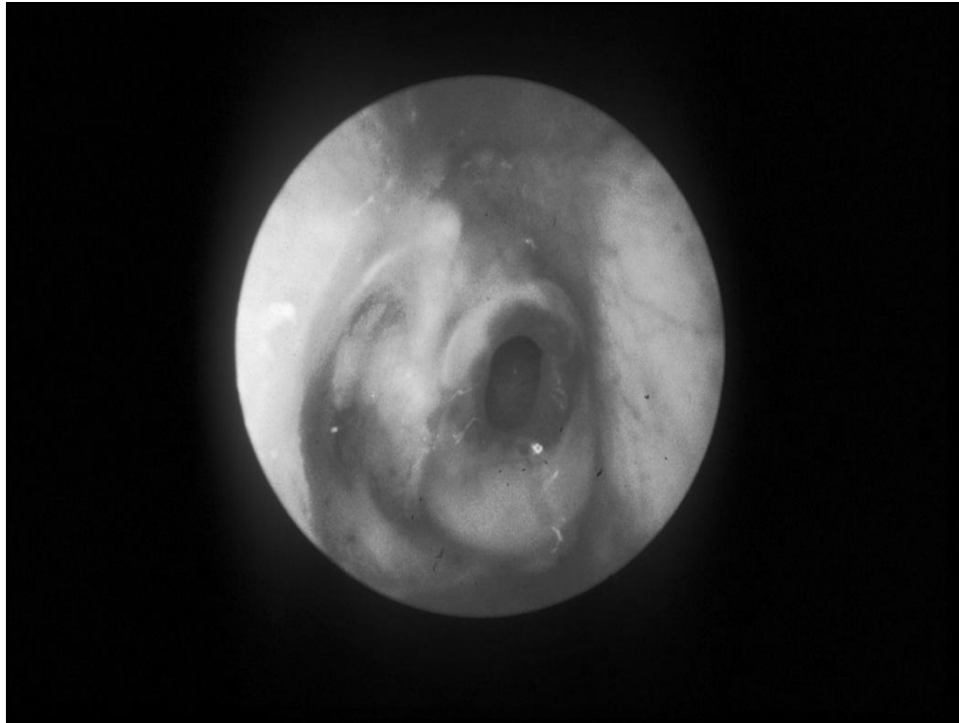


continued™

Chronic Suppurative Otitis Media (CSOM)

- Tympanic membrane perforation
- Chronic otorrhea
- > 3 months duration





CSOM: Treatment

- Aural cleansing
- Topical antimicrobials
- Oral/IV antibiotics

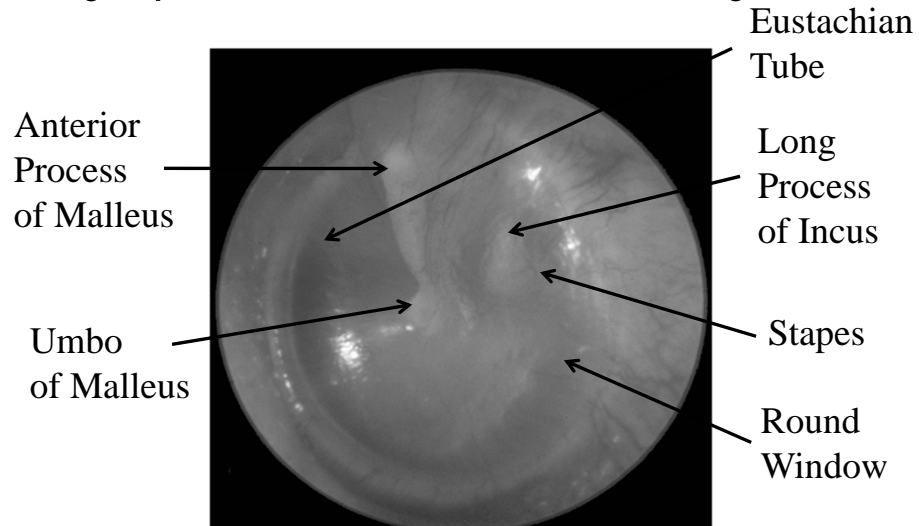
- Tympanomastoidectomy

TM Perforation: Hearing Loss

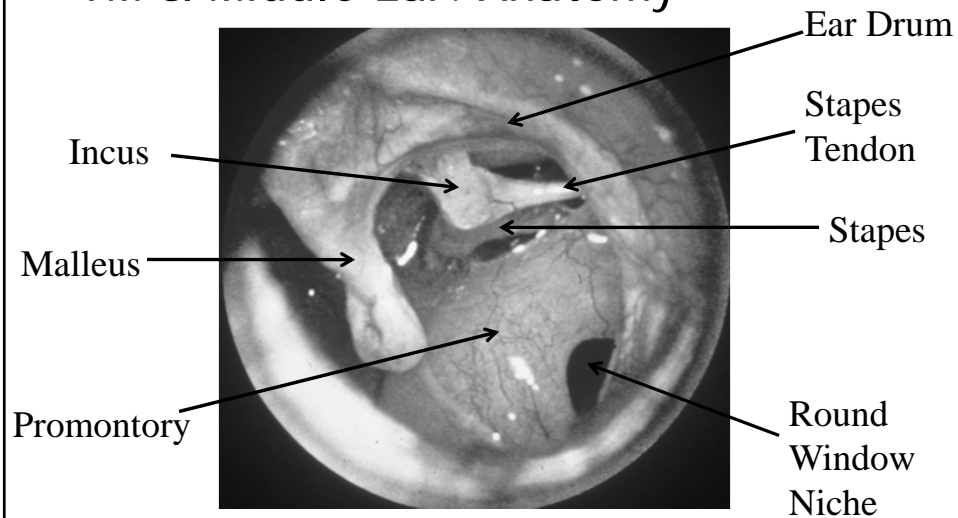
- In general:
 - Larger size: greater hearing loss
 - HL varies inversely with volume of ME/mastoid
 - HL not dependent on location of perforation

Adhesive Middle Ear Disease

Tympanic Membrane: Anatomy

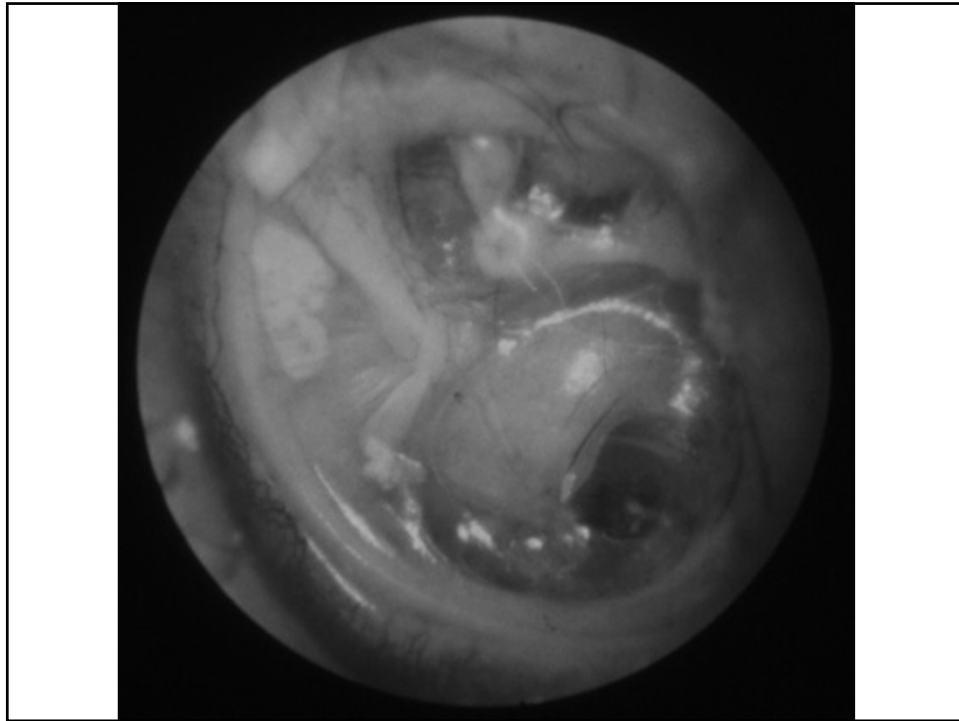


TM & Middle Ear: Anatomy





continued™

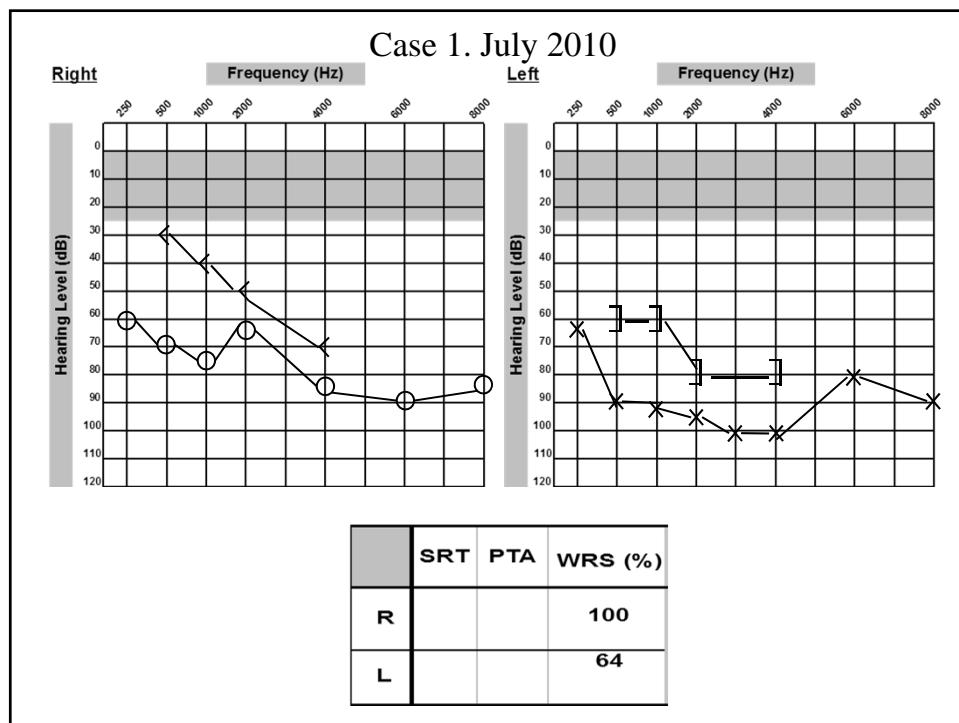


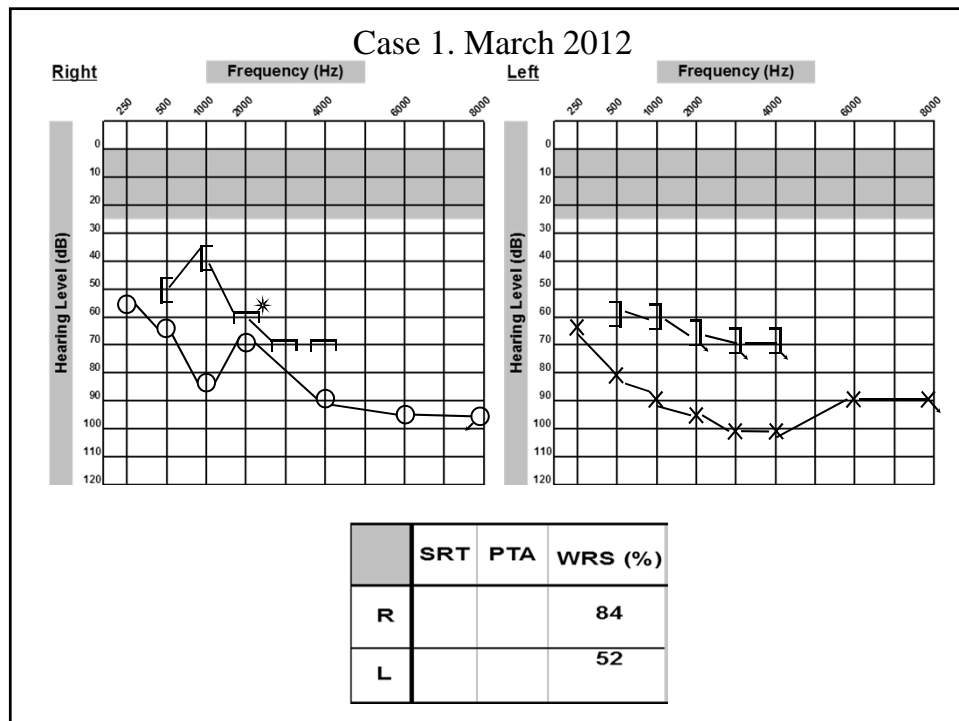
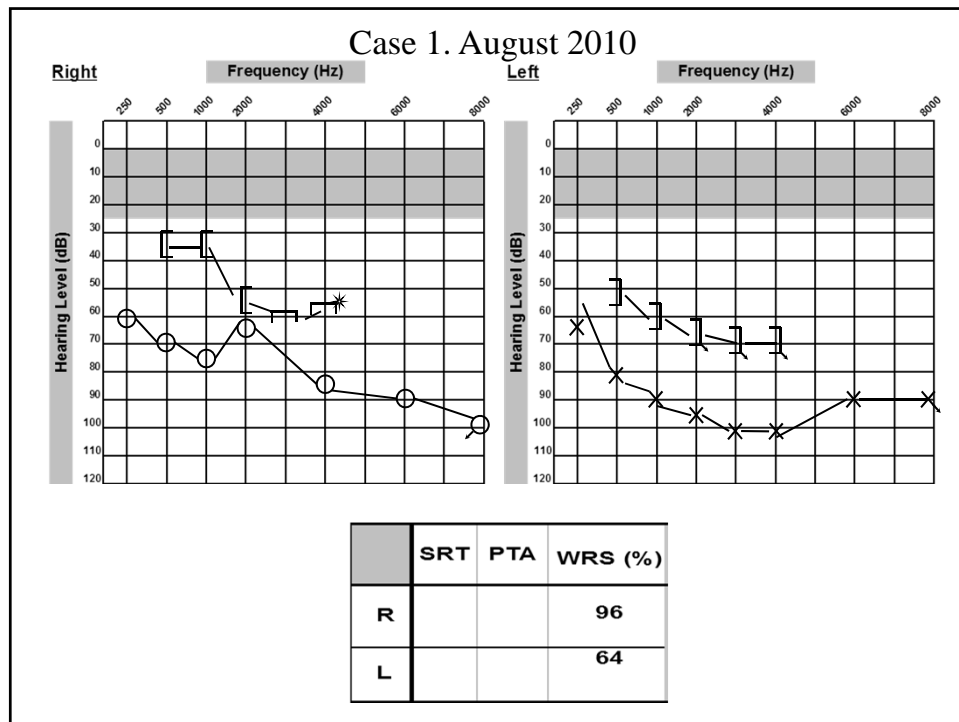
Cholesteatoma

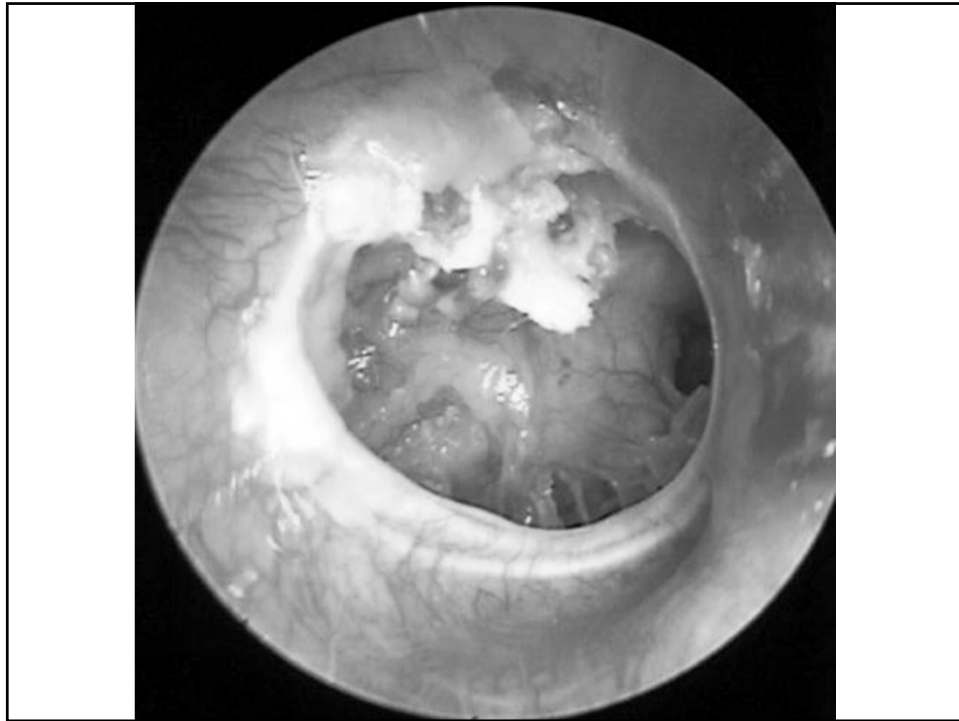
Case 1

- 56 y.o. male
- Right: progressive loss over many months
- Left: no hearing since childhood
- Recurrent right ear infections
 - Ear pain
 - Ear drainage

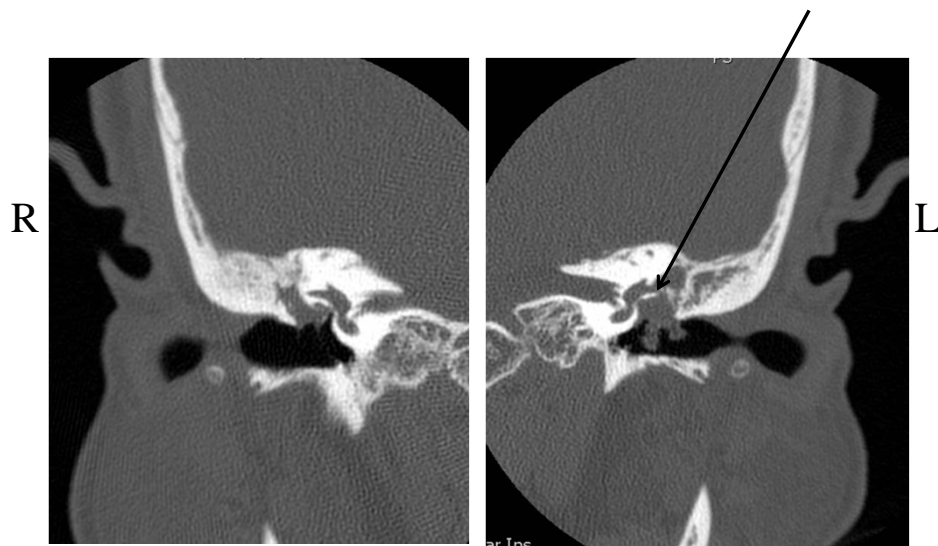
Ear Institute of Illinois







Case 1. Lateral Semicircular Canal Erosion



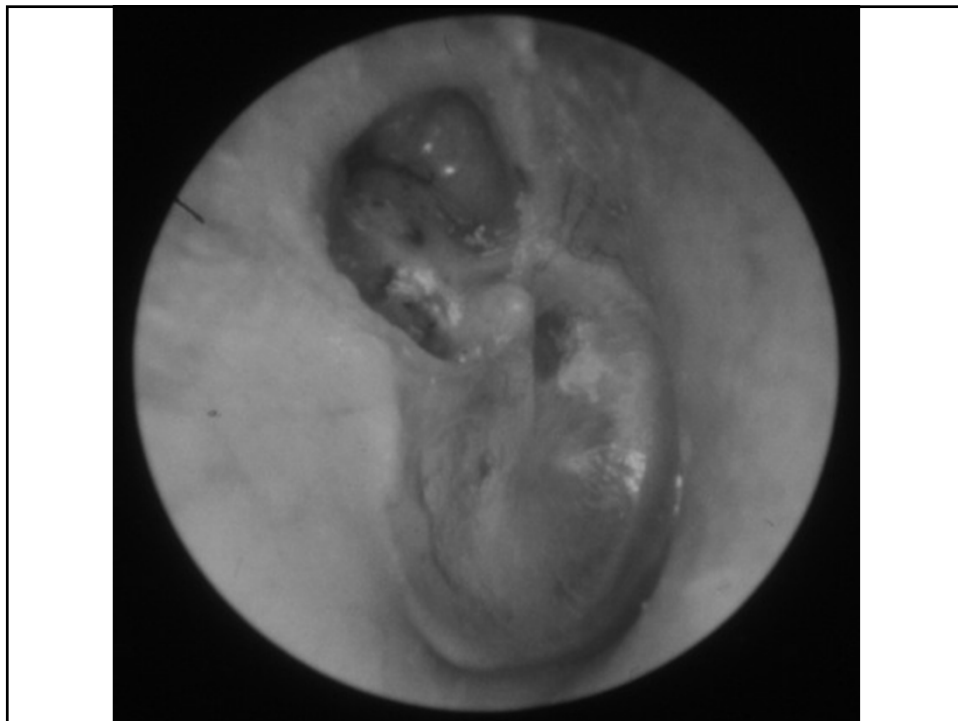
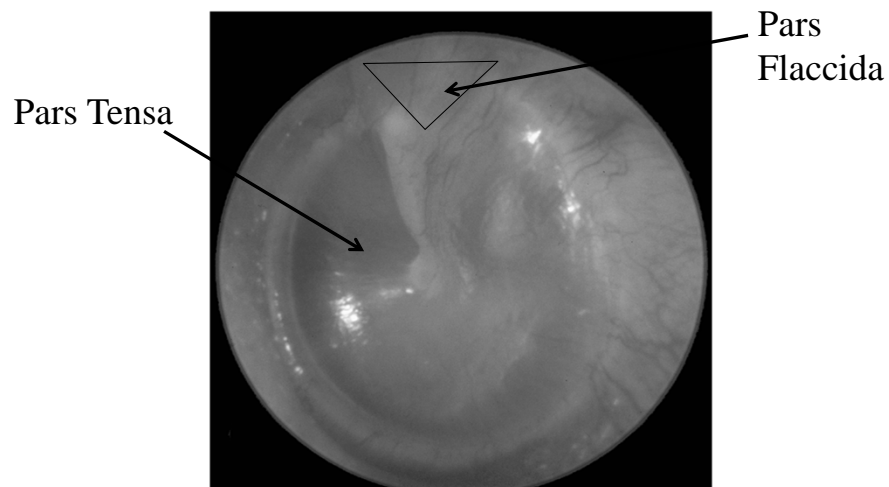
Cholesteatoma

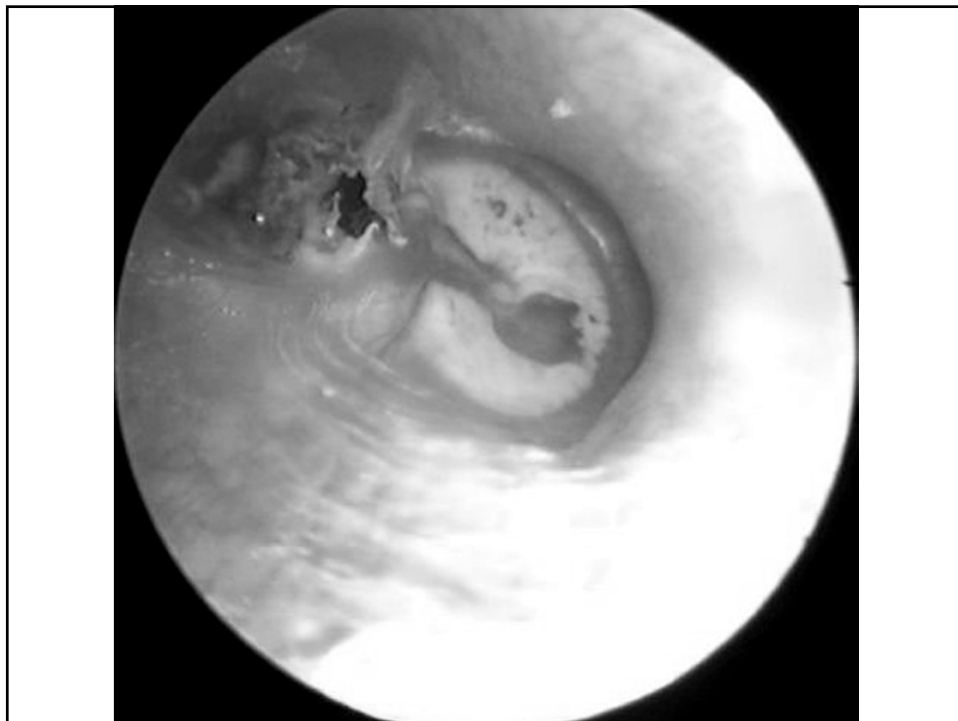
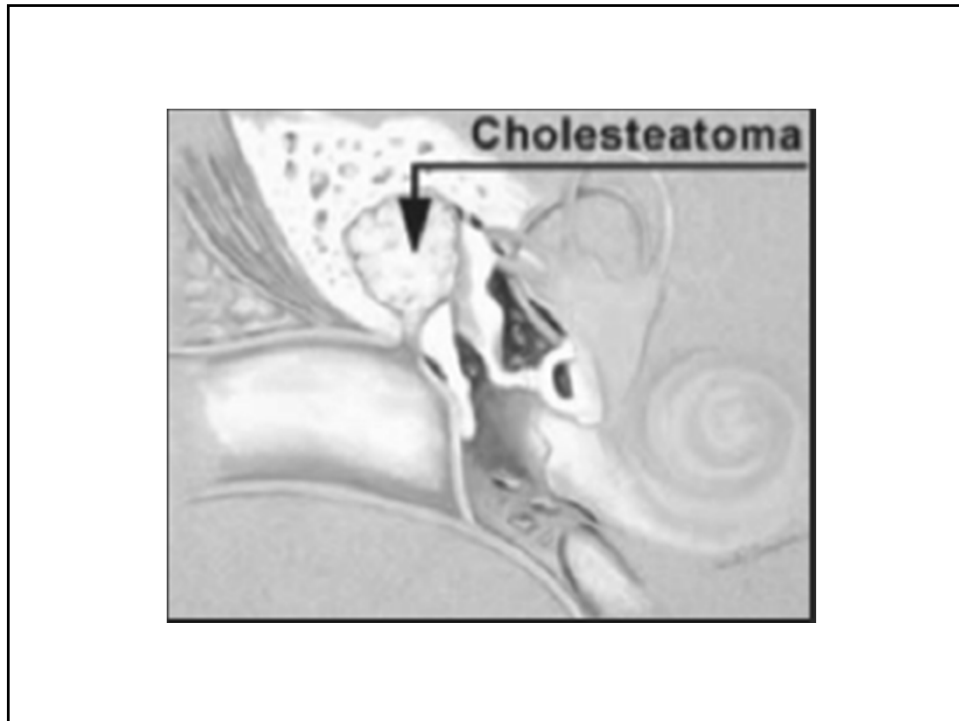
- Definition: “Trapped skin”
- Causes bone destruction
 - Pressure effects
 - Enzymatic action

Cholesteatoma: Definitions

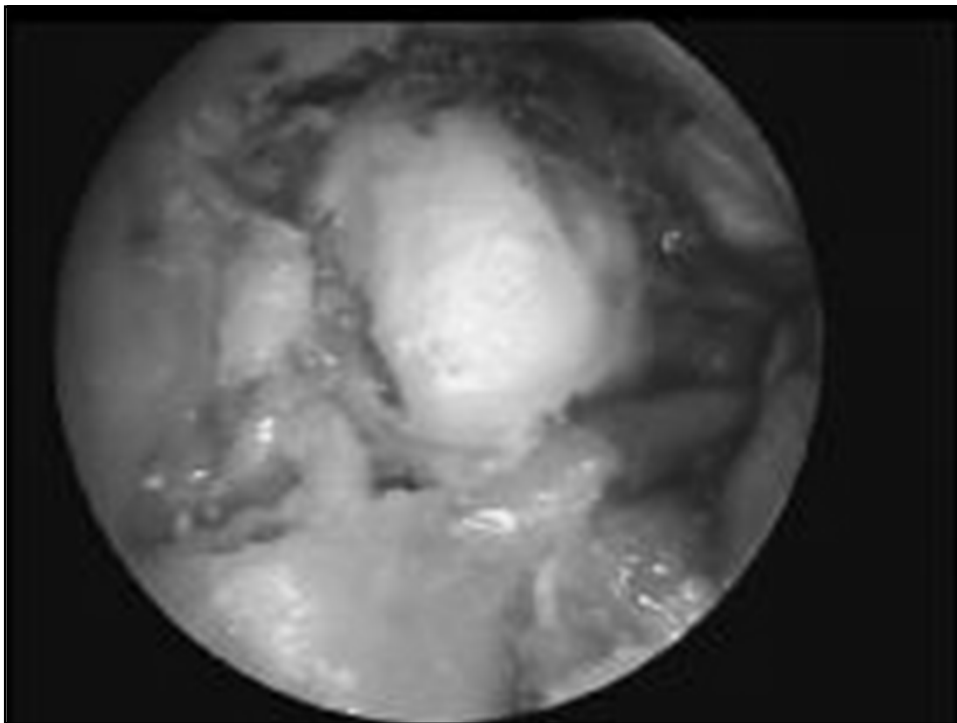
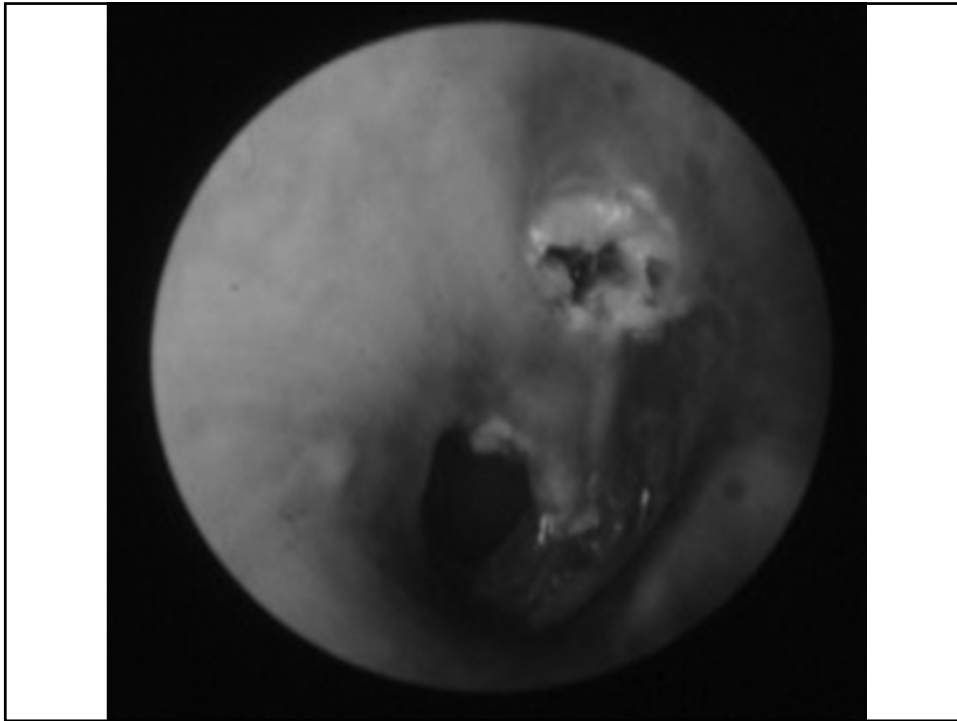
- Acquired
 - Primary: pars flaccida
 - Secondary: pars tensa
- Congenital

Tympanic Membrane: Anatomy





continued™



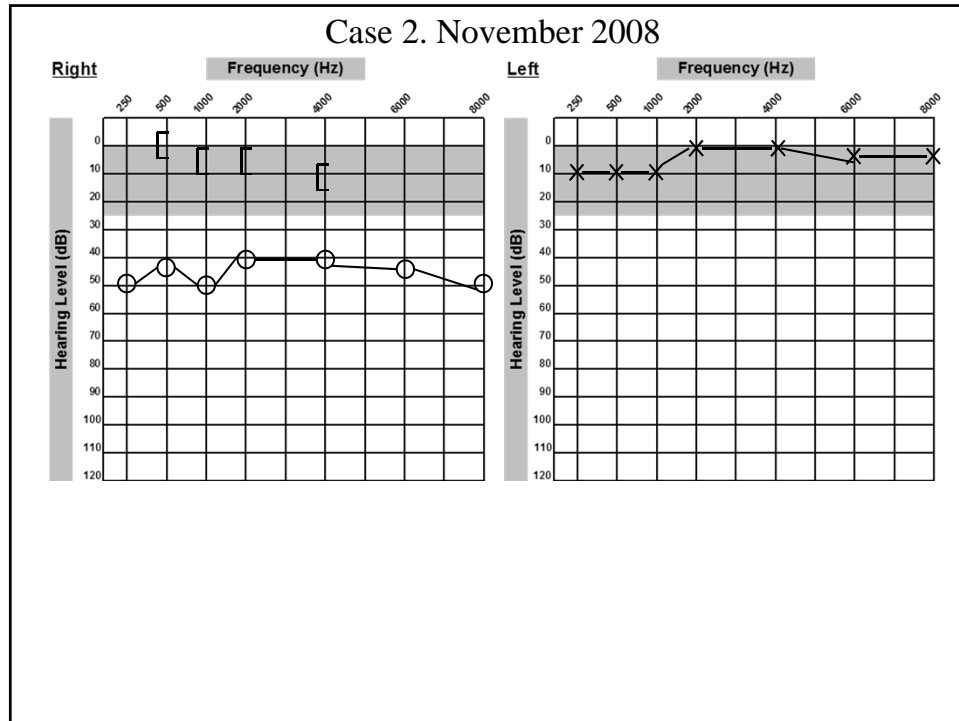
continued™

Acquired Cholesteatoma: Symptoms

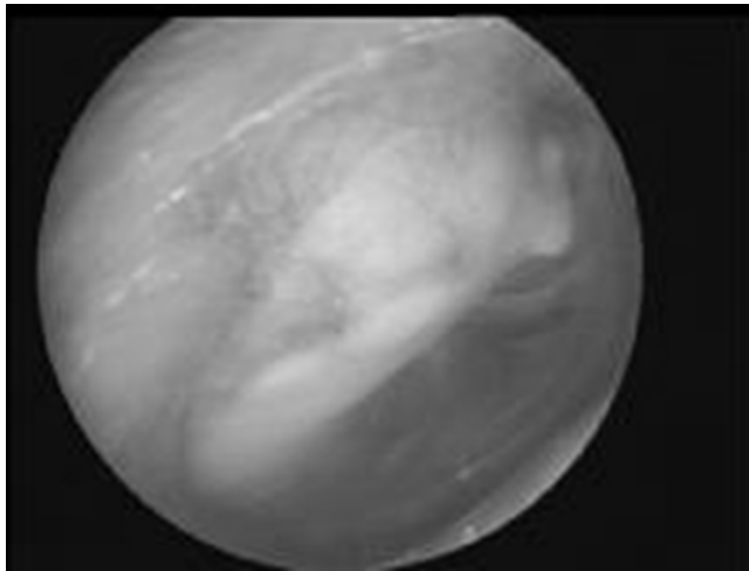
- Chronic/recurrent otorrhea
- HL: conductive, mixed, SNHL
- Dizziness
- Headache: ?pending intracranial complication

Case 2.

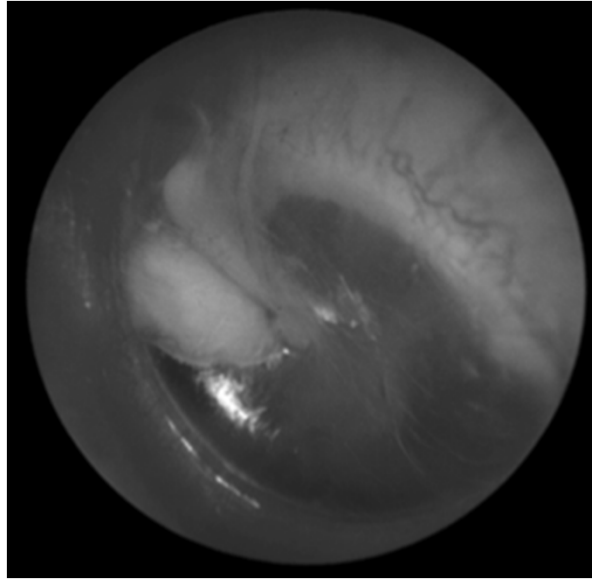
- 6 yo female
- Failed school hearing evaluation
- Cyst found behind right ear drum
- No prior history of ear infections



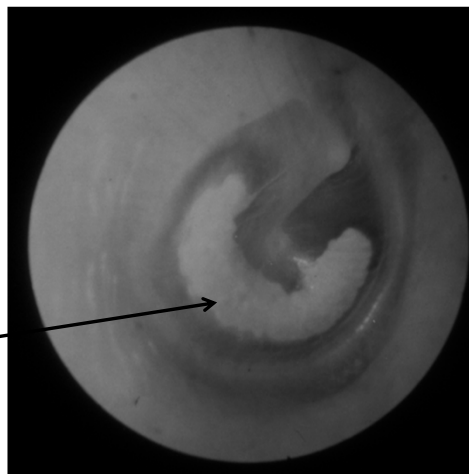
Case 2: Congenital Cholesteatoma



Congenital Cholesteatoma

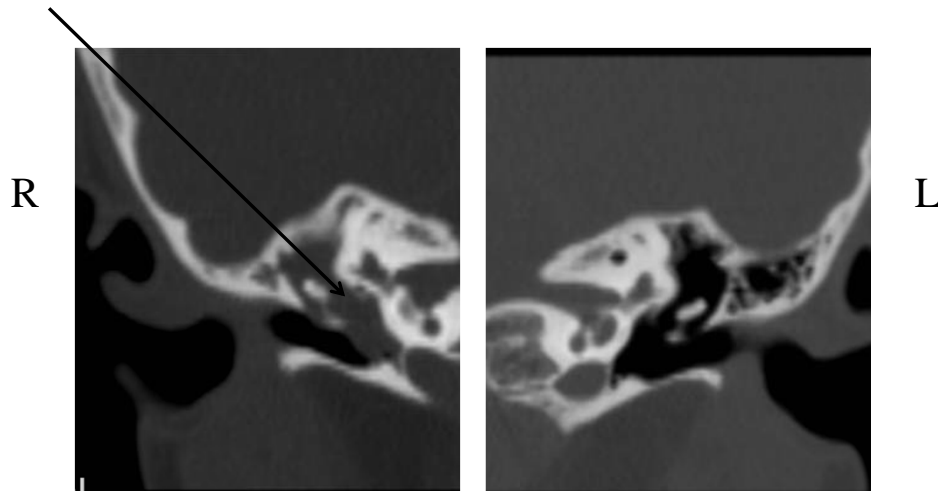


Tympanosclerosis



Tympanosclerosis

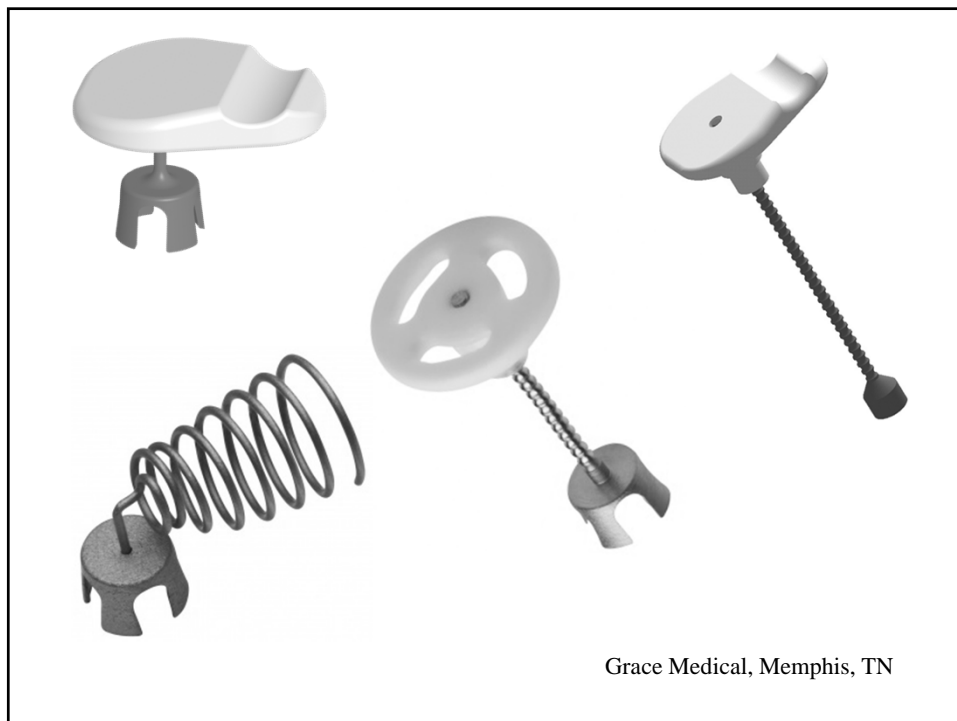
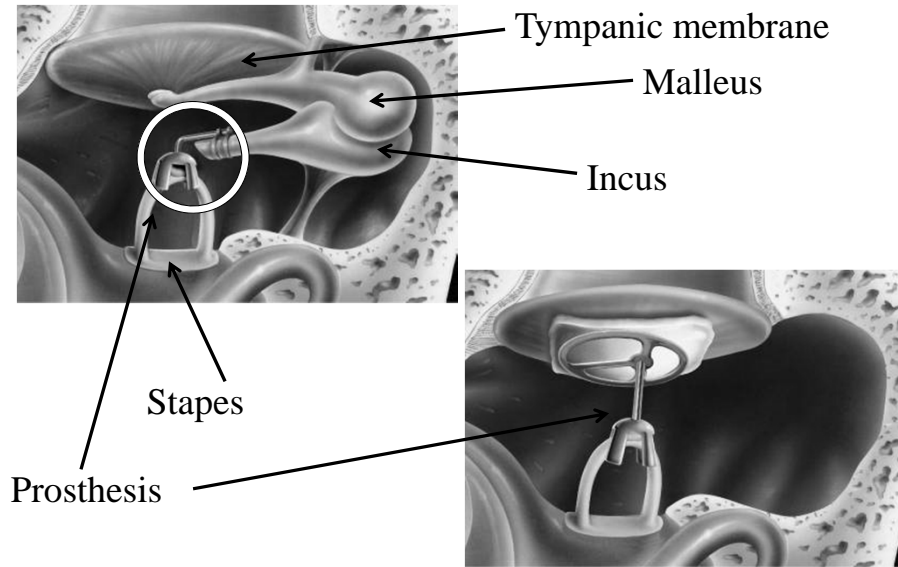
Case 2. Congenital Cholesteatoma

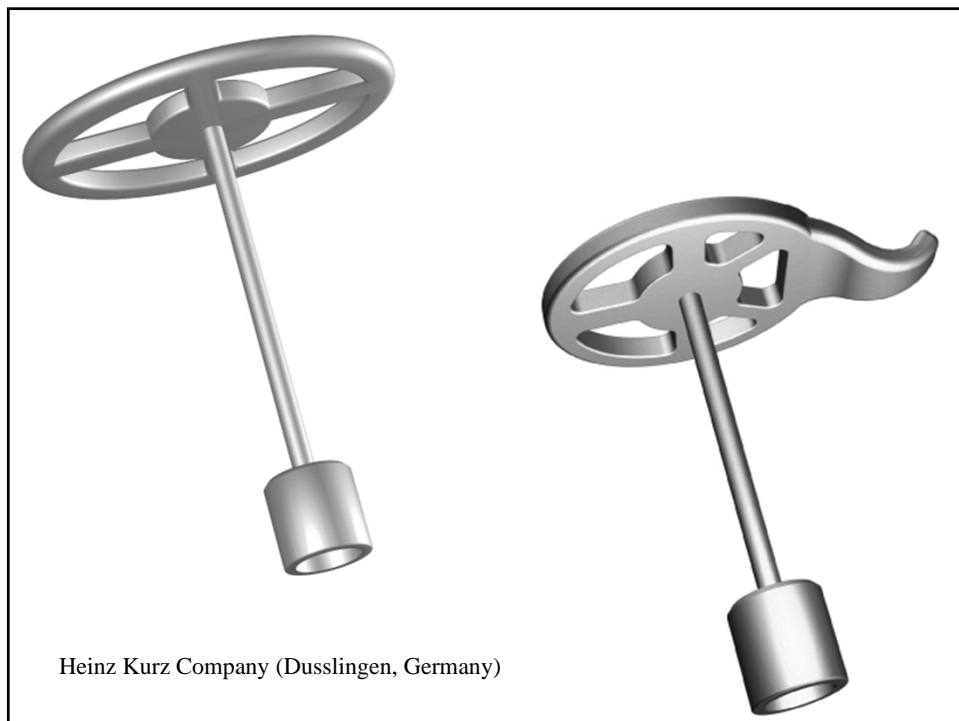
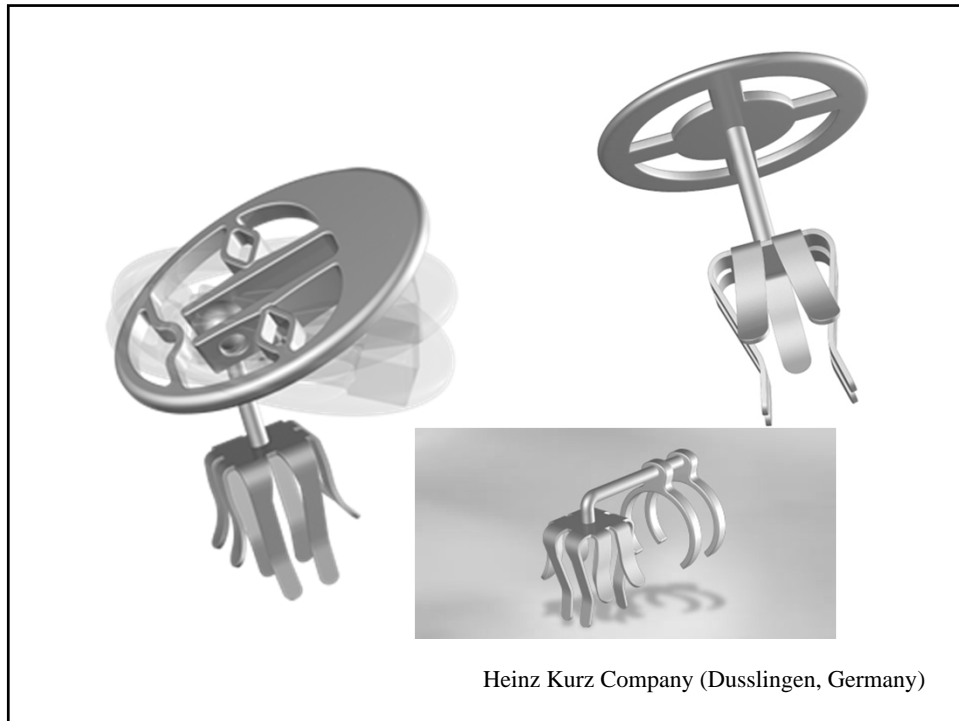


Congenital Cholesteatoma

- Intact tympanic membrane
- Normal pars flaccida/tensa
- No history of:
 - Otorrhea
 - TM retraction
 - Previous otologic procedure

Ossicular Reconstruction



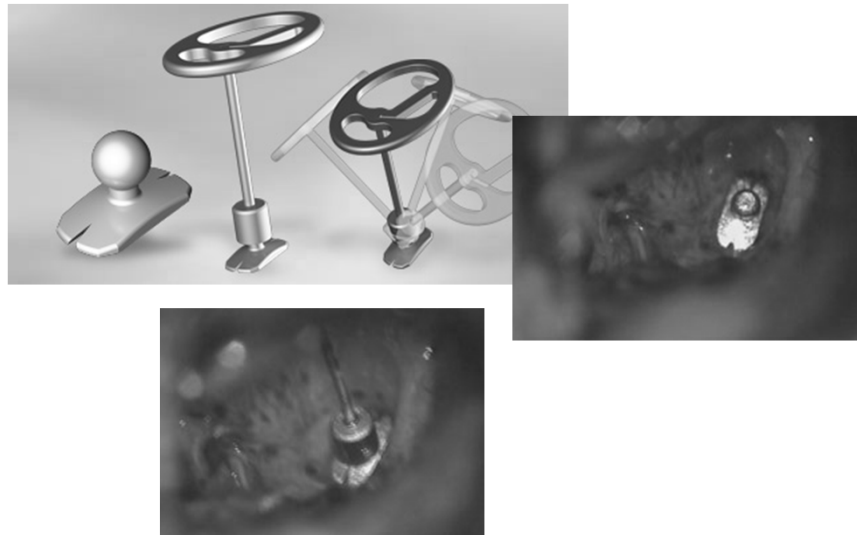


Cadaver Footplate Placement

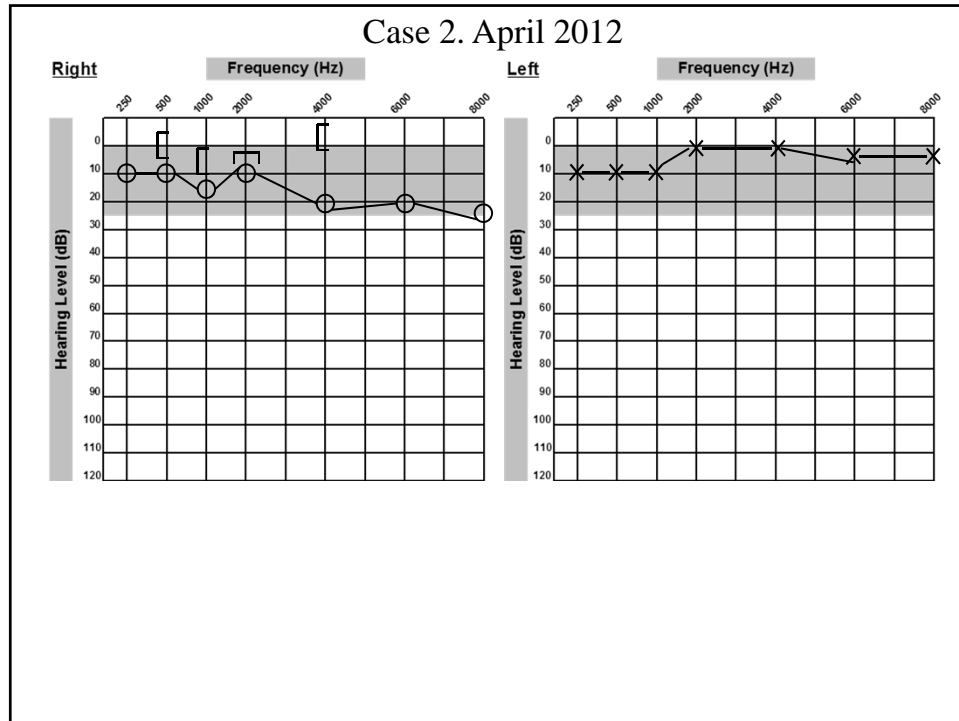


Heinz Kurz Company (Dusslingen, Germany)

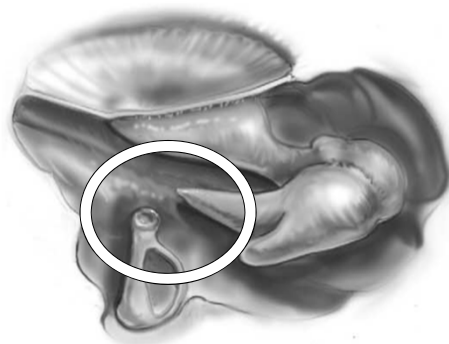
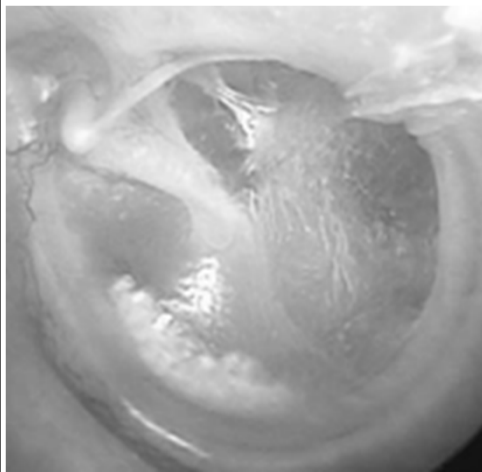
Footplate Shoe (Omega Connector)



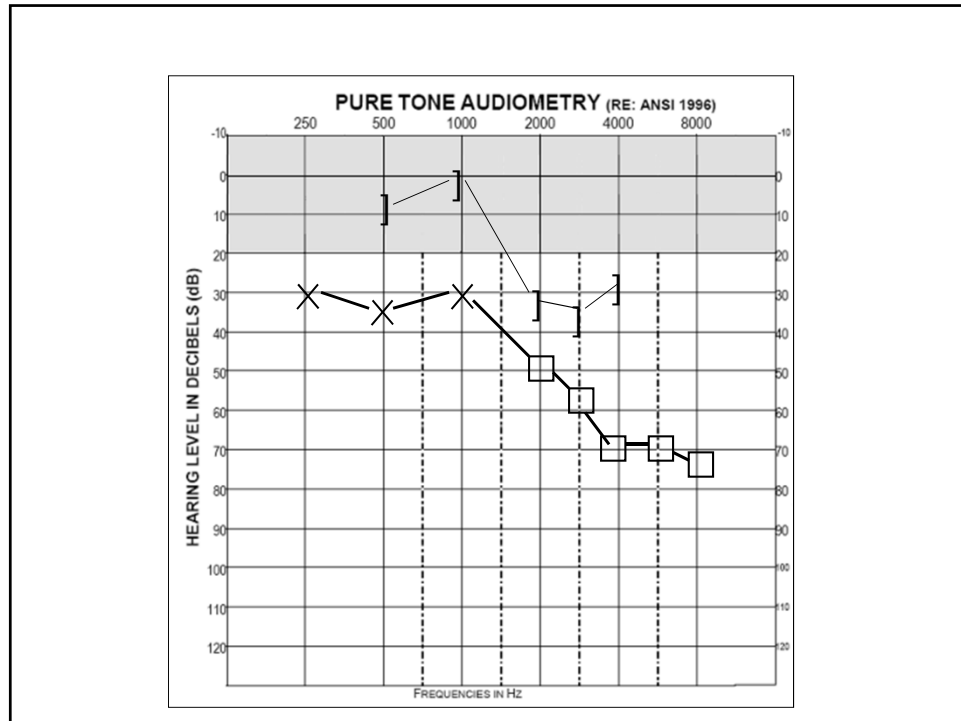
Heinz Kurz Company (Dusslingen, Germany)



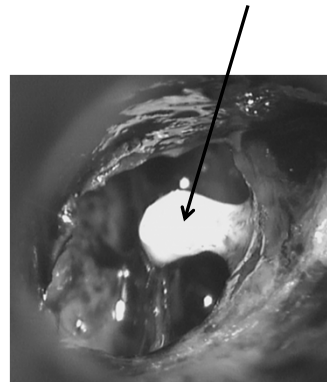
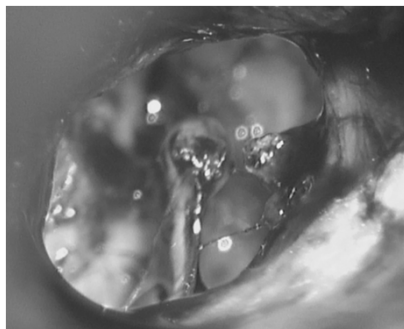
Incus Erosion



Goebel J. 2005

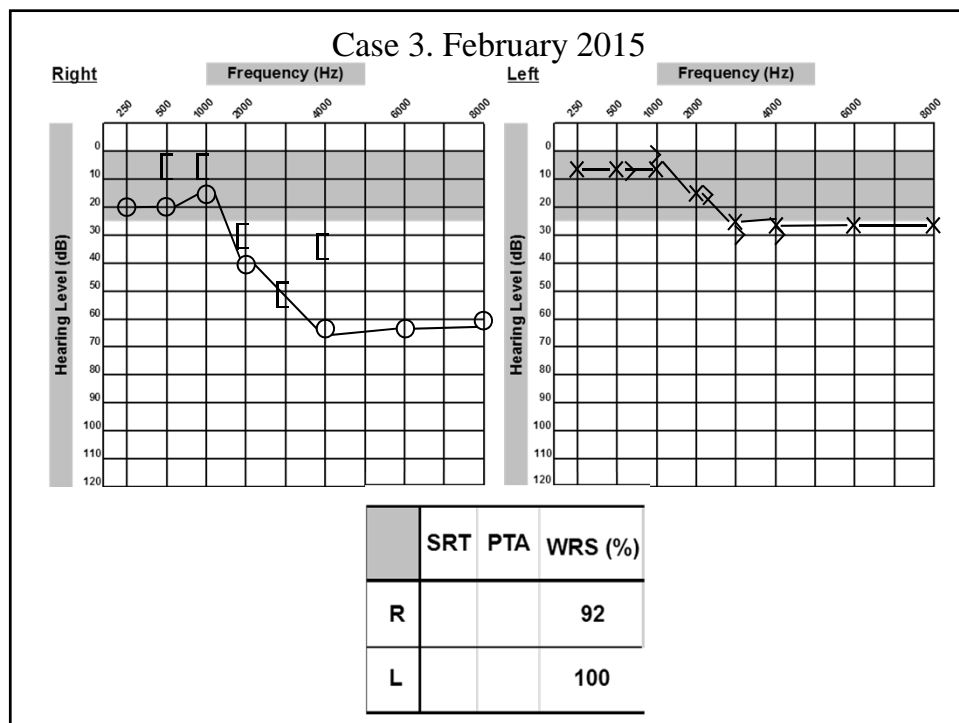


Bone Cement

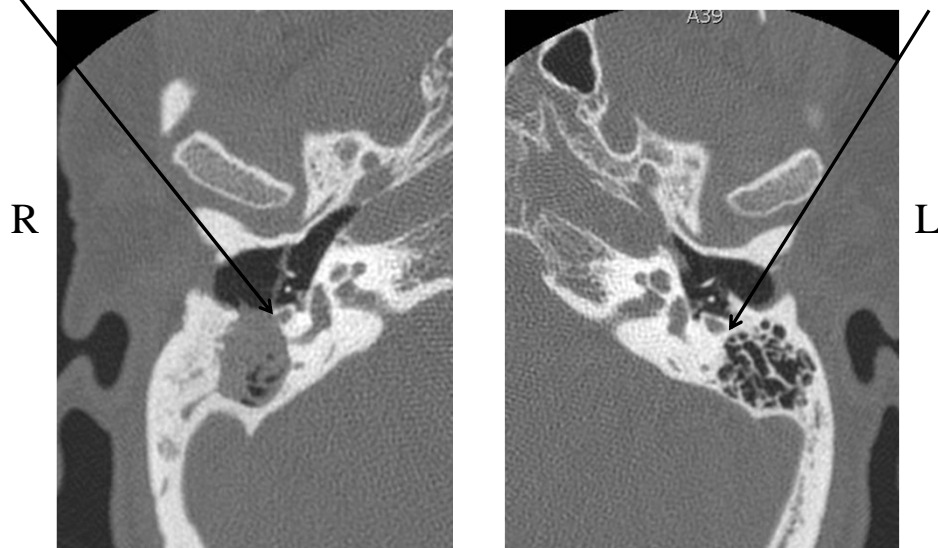


Surgical Treatment: Definitions

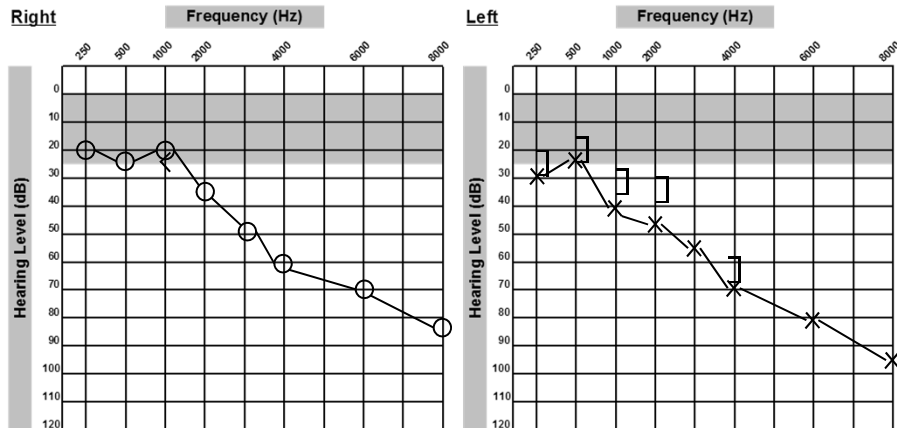
- Tympanoplasty: surgery that involves the tympanum (middle ear)
- Mastoidectomy: surgery performed in the mastoid
- Tympanomastoidectomy: combination of the above
- Ossiculoplasty: repair or reconstruction of the ossicles
- Canal wall up mastoidectomy: preserve the external ear canal
- Canal wall down mastoidectomy: remove the posterior bony ear canal



Case 3. Lateral Semicircular Canal Erosion & Facial Paralysis



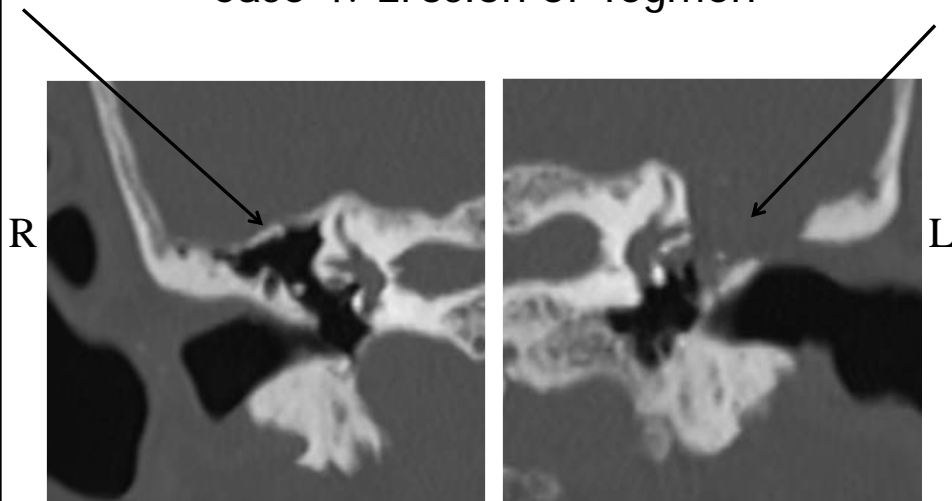
Case 4. Patient LS

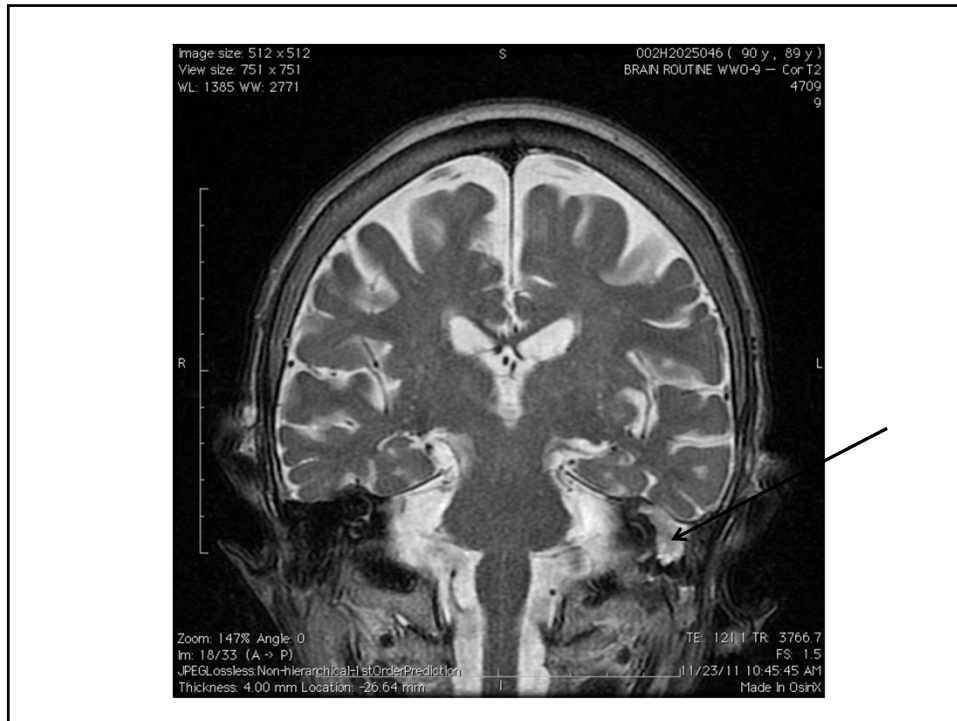


	SRT	PTA	WRS (%)
R			80
L			76



Case 4. Erosion of Tegmen

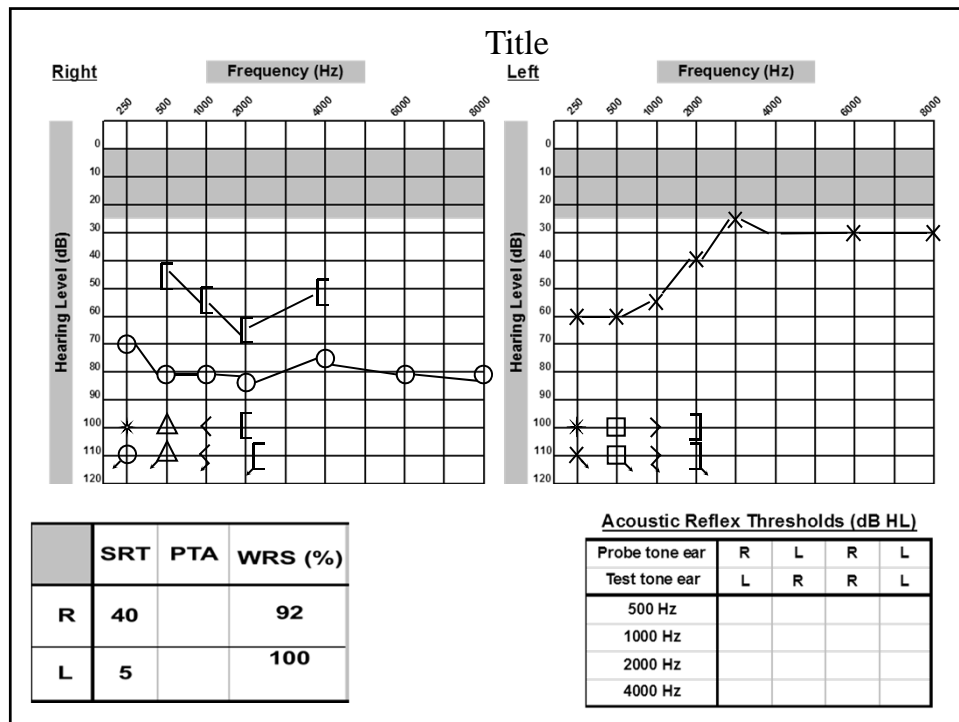




THANK YOU!

r-battista2@northwestern.edu

(630) 789-3110



Differentiation Between Middle Ear & Third Window Lesions

	Middle Ear	Third-window lesion
Air-bone gap	0-60 dB, all freq	0-60 dB, greatest at < 2 kHz
Bone cond threshold	Rarely < 0 dB	May be neg. (-5 to -20 dB < 2 kHz)
Acoustic reflex	Absent	Present
VEMP	Absent	Present, low thresholds
OAEs	Absent	May be present
Sound- and/or pressure-induced vertigo	Absent	May be present
CT scan	May show middle ear finding	Inner ear lesion
Surgical findings	Ossicular lesion: fixation or discontinuity	Normal ossicular mobility

