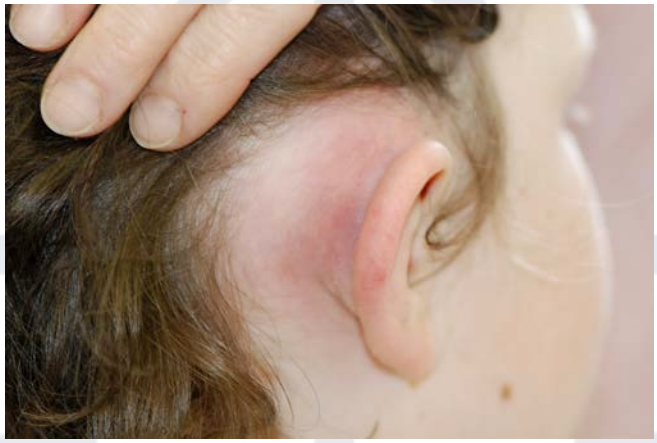
MASTOIDITIS

The middle ear cleft is not only the air-filled chamber behind the eardrum, but rather an aerated system extending from the Eustachian tube into the tip of the mastoid bone behind the ear. Within the mastoid is a honeycomb of air-filled tiny chambers (air cells) that function as a pressure buffer system to help the air adapt to rapidly changing air pressure situations.

This aerated bone system may be prone to infection in several situations. Virulent bacteria from the nose may enter during upper respiratory infections, particularly in young infants whose immunity remains relatively under-developed. Alternatively, infection may enter via a perforated drum, or if chronic disease such as cholesteatoma perpetuates infection. Should the infection access the air cells, acute or chronic infection may result. The lining of the cells becomes inflamed, with debris accumulating and bone infection complicating the situation.



Acute Mastoiditis: Acute, painful pinna protrusion.

Characteristics

Acute Mastoiditis is generally found in infants, complicating acute bacterial middle ear infection; a lesser number in older aged groups arises from cholesteatoma. Rapidly developing infection in an infant may rupture through thin overlying bone just above and behind the external ear canal, forming a reddened and swollen abscess that pushes the ear outwards. Pain is severe, with deafness and general malaise. A single protruding ear with pain and possible discharge, in an infant, is classic presentation for acute mastoiditis.

Chronic mastoiditis is characterised by persistent mucoid discharge from a drum perforation. Deafness is present, but the ear may be otherwise free of symptoms. Generally the problem persists despite antibiotic treatment.

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Other Locations
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Treatment

Surgery is the norm for these conditions. In sudden onset disease in infants, acute mastoid infection may succumb to drainage with/without grommet insertion, plus intensive antibiotic treatment. Chronic mastoiditis cases, and many acute episodes, demand surgery to clear the infected bone thoroughly, removing the infected cells by high speed drilling back to healthy tissues. In expert hands the surgery is generally effective in a short period.

Disease clearance is achieved via an incision behind the ear (simple or cortical mastoidectomy), but recovery is usually rapid, without major discomfort or complications.

In adult cases the possibility of concurrent cholesteatoma cannot be ignored.

More information

- AOM Complications

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