

CHOLESTEATOMA

Cholesteatoma ([Middle Ear Infections](#)) is a cyst or sac of skin in the middle ear. The cystic type is an uncommon developmental aberration that may remain dormant for many years. The sac type is a more actively infected condition, potentially dangerous.



Cholesteatoma: A potentially dangerous sac of skin in the ear.

Characteristics

Congenital cysts are found behind an intact eardrum, usually in children, appearing as pearly cysts of varying size, often noted either in passing, or due to relatively subtle hearing loss.

Sac patterns ([Cholesteatoma](#)) arise from the eardrum itself. These generally form when the Eustachian tube from the nose to the ear malfunctions. The tube normally aerates the middle ear, which permits the middle ear bones to vibrate freely, conducting sound to the inner ear. If the tube fails, chronic negative pressure forms, as the air in the ear is absorbed into the bloodstream. This places tension on the drum, which gradually collapses, often in the upper drum where the tissues are weakest. The collapse forms a sac that extends into the ear, sometimes extending into the mastoid bone behind the ear. The sac fills with dead skin that becomes infected, causing chronic foul discharge, perhaps blood-stained. Chronic low-grade infection erodes the surrounding bone, and may lead to major complications.

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Treatment

In most cases, surgery is advisable. This may be undertaken entirely via the external ear canal in many cases, but others require more extensive procedures, employing an incision behind the ear. Several techniques are used. For many years, “open surgery” ([Mastoid Cavities](#)) has been used to excise the sac and the surrounding diseased tissues, leaving a cavity in the mastoid that is open into the external canal. This simpler technique becomes complicated in many cases by debris accumulation and infection in the cavity. For this reason, most specialist ear surgeons now prefer “closed” methods to avoid the cavity. These procedures are more complex, demanding greater skills and carry risks of persistent disease that the surgeon must counter effectively. Two operations are often needed to ensure complete eradication of the disease. The closed methods carry a better chance of long term optimal hearing repair.

Complications

The danger of Cholesteatoma is its proximity to a range of surrounding vital structures. Deafness due to middle ear destruction is an early feature, but extension of the disease can cause facial paralysis, local abscesses, severe nerve deafness or extension into the brain. Prompt treatment is desirable and essential.

Because of the risks of severe complications, many irreversible, effective management of Cholesteatoma is urged. This is best performed by a specialist ear surgeon, who is most likely to be expert in the management.

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