

are still under-utilized, even in those for whom BAHA is the only hearing solution.

doi:10.1017/S0022215116003546

## Diagnostic Dilemmas of CSOM (R766)

**ID: 766.1**

### Diagnosis and Treatment Strategy of Necrotizing Otitis Externa

Presenting Author: **Takashi Nakagawa**

Takashi Nakagawa

*Kyushu University Graduate School of Medical Sciences*

*Learning Objectives:* Although necrotizing otitis externa is life-threatening disease, it is difficult to be diagnosed and treated. Several points for diagnosis and the results of treatment would be reported.

Necrotizing otitis externa is osteomyelitis of skull base originated from the floor of external auditory canal. Most of them are optimizing infection, mainly DM. Main pathogen is *Pseudomonas Aeruginosa*. Although clinical features are clear, it is difficult to reach a correct diagnosis. Symptoms are sometimes masked by anti-biotics and analgesic drug. Severe pain, patient background such as DM, and granulation formation could be clue for suspicion. Both CT and MRI are useful for diagnosis and estimation for the extent of disease. Biopsy leads to definite diagnosis. First line of treatment is conservative approach. Appropriate antibiotics should be chosen and patient background disease would be controlled. Surgical intervention is useful when well-pneumatized mastoid is infected.

doi:10.1017/S0022215116003558

## Diagnostic Dilemmas of CSOM (R766)

**ID: 766.2**

### Pathogenesis and diagnosis of Otitis media with ANCA-associated vasculitis (OMAAV)

Presenting Author: **Naohiro Yoshida**

Naohiro Yoshida

*Jichi Medical University Saitama Medical Center*

*Learning Objectives:* Antineutrophil cytoplasmic antibody (ANCA)-associated vasculitis (AAV) is histologically characterized by systemic necrotizing vasculitis and is clinically classified into two phases, systemic or localized. Recently, otological symptoms such as otitis media and hearing loss, not previously often associated with AAV, have been reported in AAV cases. Delayed diagnosis of AAV occasionally leads to progression to the irreversible phase; therefore, diagnosis at the early-localized stage is important for treating AAV. In this session, the current understanding of this newly proposed concept of OMAAV is discussed.

Antineutrophil cytoplasmic antibody (ANCA)-associated vasculitis (AAV) is histologically characterized by systemic necrotizing vasculitis and is clinically classified into two phases, systemic or localized. Recently, otological symptoms such as otitis media and hearing loss, not previously often associated with AAV, have been reported in AAV cases. By reviewed previous case reports, such disease was proposed to be categorized as “otitis media with AAV (OMAAV).”

Nationwide survey (total 235 cases) performed between December 2013 and February 2014 by the Japan otological society presented the following features: 1) otitis media following sudden progressive hearing loss almost in one month; 2) intractable otitis media not effected by antibiotics and tympanic tube insertion; 3) mostly PR3- and/or MPO-ANCA positive but 16% showed both ANCAs-negative; 4) occasionally clinical complications such as facial palsy (36%) or hypertrophic pachymeningitis (28%); 5) tympanic membrane showing a dull appearance similar to OME and vessel dilatation of tympanic membrane ‘OME type’, otitis media with granulation ‘OMG type’, or normal appearance only with sensorineural hearing loss; 6) effectiveness of corticosteroid and immunosuppressive therapy using cyclophosphamide or methotrexate. By analysis of these clinical features, four factors such as facial palsy, hypertrophic pachymeningitis, both ANCAs-negative phenotype, and disease relapse were related to an unfavorable clinical course for patient’s hearing and prognosis. Delayed diagnosis of AAV occasionally leads to progression to the irreversible phase; therefore, diagnosis at the early-localized stage is important for treating AAV.

In this session, the current understanding of this newly proposed concept of OMAAV is discussed.

doi:10.1017/S002221511600356X

## Diagnostic Dilemmas of CSOM (R766)

**ID: 766.3**

### Clinical characteristics and diagnostic criteria of eosinophilic otitis media

Presenting Author: **Yukiko Iino**

Yukiko Iino<sup>1</sup>, Yoshihiko Esu<sup>2</sup>, Hiromi Kanazawa<sup>2</sup>, Naohiro Yoshida<sup>2</sup>

<sup>1</sup>Tokyo Kita Medical Center, <sup>2</sup>Jichi Medical University Saitama Medical Center

*Learning Objectives:*

*Introduction:* Eosinophilic otitis media (EOM) is an intractable otitis media characterized by the presence of a highly viscous yellow effusion containing eosinophils. It mainly occurs in patients with bronchial asthma and is resistant to conventional treatments for otitis media.

*Methods:* We reviewed 138 patients with EOM and 134 age-matched patients with common type of otitis media to analyze their clinical characteristics and to make diagnostic criteria of EOM.

*Results:* EOM predominantly affects females and occurs most often in patients in their 50s. EOM is often complicated by rhinosinusitis and nasal polyposis, which is called