

sound-ball appear to be equally effective strategies for managing tinnitus in this cohort of Lothian children.

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Cholesteatoma complicated by parapharyngeal abscess occurred after temporal bone fracture

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Learning Objectives:

Introduction: Parapharyngeal abscess as a cervical complication of the cholesteatoma is an extremely rare disease. In the modern antibiotic era only a few cases of this life-threatening complication have been reported in the literature. The different routes of extension, e.g. peritubal, through the eroded mastoid tip or due to the involvement of the apex of the petrous temporal bone, have been previously described. However, the appropriate time and surgical strategies for management of the complication and principal disease are still controversial.

Methods: This is a retrospective descriptive case report based on clinical chart data and analysis of computed tomography scans.

Results: A 65-year-old man with a long history of recurrent right purulent otorrhea presented to our tertiary care facility with right temporal bone fracture. Later, he started to complain of hoarseness, snoring and dysphagia and was diagnosed with right parapharyngeal abscess on a contrast enhanced computed tomography scan. The patient underwent abscess drainage through transcervical route with simultaneous emergency radical mastoidectomy. Despite development of septic shock with acute renal failure in the postoperative period the patient recovered.

Conclusions: Temporal bone fracture in patients with pre-existing chronic otitis media with cholesteatoma can cause infection extension to the deep neck spaces through the fracture bone defects. Early consultation of an otologist is indicated in such cases. Analysis of the computed tomography scans with thorough evaluation of the fracture line extension should be performed to prevent the complications.

Learning Objectives: Due to the rarity the cervical complications of the cholesteatoma are requiring a high index of suspicion among otologists. To increase awareness of this condition, we report this unique case.

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Treatment strategy according to staging of congenital cholesteatoma in pediatric patients

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Learning Objectives:

Background: The main goal of congenital cholesteatoma treatment is total eradication of the disease in order to prevent recurrence and preserve normal structure and function. This is usually achieved by a surgical method depending on the nature and extent of the disease. The authors aims to find out the proper surgical method for each stage by comparing possible surgical methods and their following prognoses depending on the stage.

Method: We retrospectively reviewed 55 patients from 2010 to 2015 who were diagnosed congenital cholesteatoma. The surgical treatment was performed by several different approaches determined by the location and extent of the disease and degree of adhesion to the surrounding structure. After 6 months of follow up, Recurrence was evaluated. Data was analyzed according to the patients age, stage by Potts's classification, relationship between age and location of the lesion and also relationship between surgical methods and results.

Results: Age distribution was from 1 year to 14 years and among these patients, 25(45%) were under 2 years of age. 26 Patients(47%) were classified as Stage I with the highest number. Patients diagnosed at an elder age showed a tendency of lesions being located more posteriorly and being found at more various locations such as the mastoid or attic. The result of surgical procedure was stage I with no recurrence, stage II with 1 case of recurrence, stage III with no recurrence, stage IV with 2 cases of recurrence. Recurrence was found in 3 cases among the total 55 cases.

Conclusion: Early diagnosed diseases with lower stage were treated with surgical approaches capable of removing the lesion and at the same time preserving normal function. And also in these cases rates of recurrence and complication revealed to be low. Therefore early diagnosis with minimal conservative surgery is the most important principle to achieve the main goal of congenital cholesteatoma treatment.