

Congenital Cholesteatoma: A Univocal Otoscopic Finding

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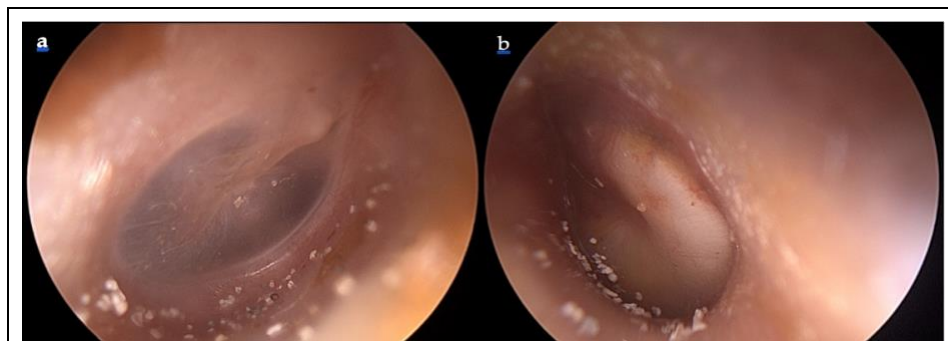


Figure 1(AB): Right (a) and left (b) ear otoscopy. The right eardrum is unremarkable, but the left otoscopy reveals a homogenous whitish retro tympanic formation with an otherwise calm eardrum. Note the presence of “post-Holidays” sand in the auditory canal in both ears.

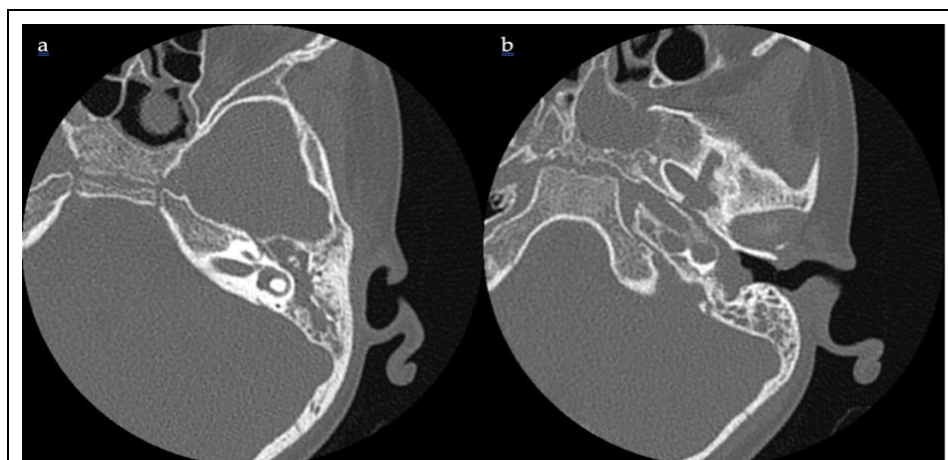


Figure 2(AB): Cone-Beam CT scan of the left temporal bone displaying complete filling of the left middle ear cavity (a) and mastoid (b) with a soft tissue density mass.

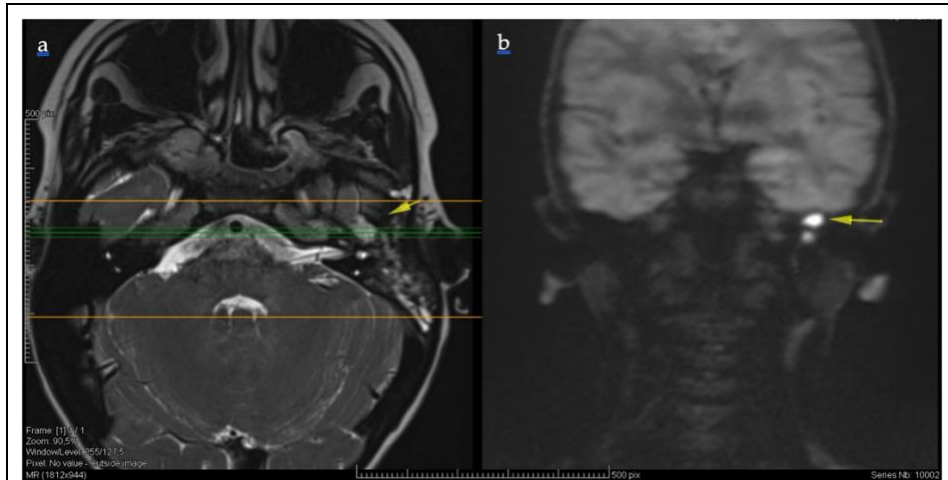


Figure 3(AB): T2 (a) & Diffusion (b): Weighted magnetic resonance imaging revealing a focal diffusion restriction in the left middle ear (yellow arrow).

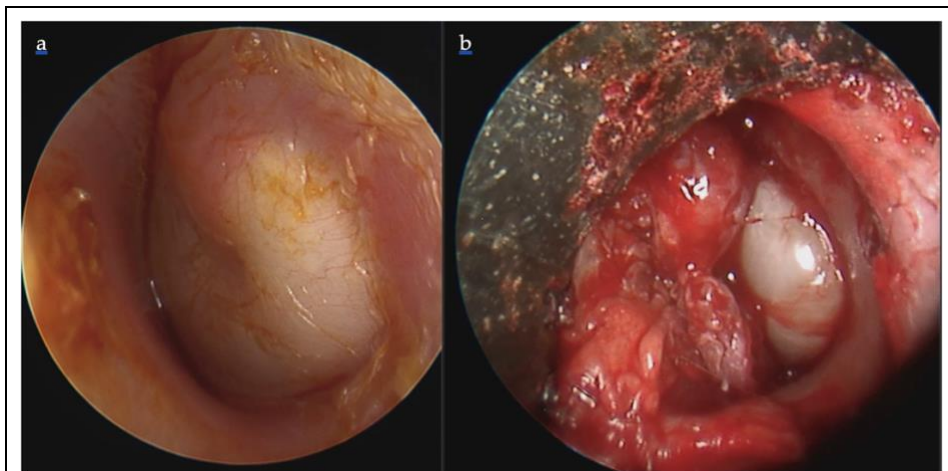


Figure 4(AB): Endoscopic transmeatal operative views of the left-sided cholesteatoma. Note the brownish stain of iodine-based antiseptic in fig. (4a). In figure (4b), the incision posterior to the eardrum reveals a white pearly matrix.

Clinical Image

We present a clinical otoscopy image of the left ear revealing a homogenous whitish retro tympanic formation with an otherwise calm ear drum, without perforation nor retraction pocket in a 6-year-old male who was referred for progressive unilateral conductive hearing loss. Such findings are highly suggestive of congenital cholesteatoma and should warrant further investigation. A cone beam CT revealed a soft tissue density mass filling the left middle ear cavity and diffusion-weighted magnetic resonance imaging later confirmed the diagnosis with a focal restriction of diffusion. The child underwent surgery and a pearly white matrix distinctive for cholesteatoma was removed. Our aim is to depict a typical clinical finding which should immediately raise suspicion for an uncommon pediatric otologic pathology. Written consent for publication was obtained from the patient and his legal representative.