Cholesteatoma

PLAY PICMONIC

Pathophysiology

Overgrowth of Desquamated Keratin Debris

Overgrowth of Colorful Carrot-tin Debris

Cholesteatoma is characterized by an abnormal overgrowth of desquamated keratin debris that is not cancerous.

Middle Ear

Middle Ear

Cholesteatoma is trapped in the middle ear space.

Erosion of Ossicles

Eroded-ossicles

The accumulation of debris erodes ossicles (small hearing bones) in the middle ear, which can cause partial hearing loss. If it continues to develop, the inner ear can be affected, causing total hearing loss.

Types

Congenital

Present-from-birth

Congenital cholesteatoma occurs due to remnant epithelium that gets trapped in the middle ear during development, and often happens after chronic ear infections.

Acquired

Acquired-magnet

Acquired cholesteatoma occurs due to pathologic findings with overgrowth of desquamated keratin debris in the middle ear.

Sign and Symptoms

Painless Otorrhea

No Pain-bolts-sign Discharge-Out-of-ear

Painless otorrhea is a hallmark and classic finding in cholesteatoma patients.

Conductive Hearing Loss

Musical-Conductor with Plugged-ears

Conductive hearing loss is a common finding in cholesteatoma patients due to disruption of sound transmission from epithelium debris that blocks it.

Dizziness

Dizzy-eyes

Another symptom that may occur is dizziness. If a cholesteatoma is left untreated, it can erode the inner ear, resulting in a disruption of horizontal semicircular canal. This will impact balance and hearing, leading to dizziness.

Association

Chronic Otitis Media

Crone Oats-out-of-ear

Cholesteatoma can come as a result of chronic otitis media due to the presence of a persistent hole in the eardrum. Squamous epithelium can migrate through the hole into the middle ear space, leading to the accumulation of debris, resulting in secondary acquired cholesteatoma.

Treatment

Surgery

Surgeon

Surgery is the definitive treatment of cholesteatoma, which aims to remove it. Hearing loss may not be fully restored after surgery.