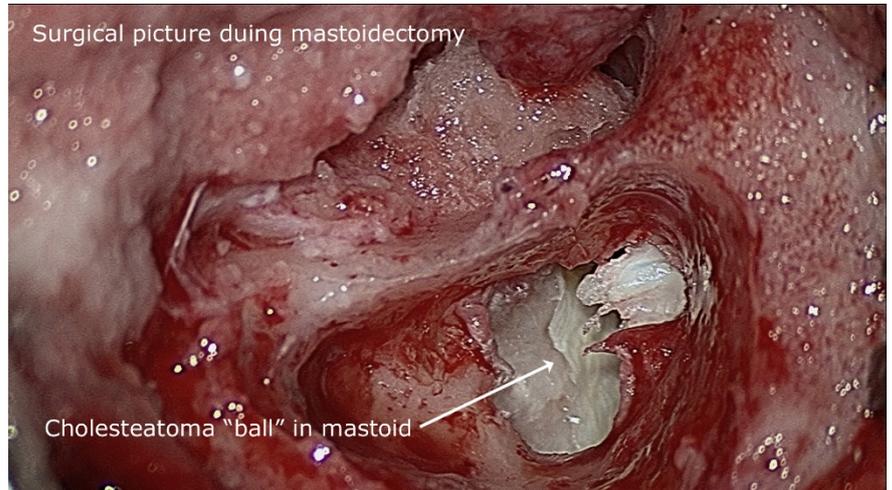


H71 Cholesteatoma

What is a cholesteatoma?

A cholesteatoma is a growth or ball of skin cells growing in the middle ear behind the ear drum which *should not* be there. It can cause a mild hearing loss, smelly discharge from the ear or earache. Rarely noises in the ear, balance problems, severe hearing loss or infections around the brain can develop.



The cholesteatoma may have been present at birth (congenital) or may also develop following repeated retraction of the eardrum or ear infections (acquired), causing skin cells to accumulate. Both ears are involved in less than 10% children.

Doctors can suspect a cholesteatoma based on the history but diagnose a cholesteatoma using a magnified light that allows doctors to see into the ear canal. Often the ear is full of debris or inflammation which requires cleaning and treatment before the cholesteatoma is seen or identified.

A cholesteatoma cannot be prevented, but prompt referral to ENT is recommended for any foul-smelling ear discharge that doesn't respond quickly to antibiotic treatment. If the child has repeated ear infections, an ENT doctor might suggest an examination under anaesthetic or CT / MRI Scan of the ear/ temporal bones to out rule a cholesteatoma condition.

Why treat cholesteatoma?

It is unusual to treat cholesteatoma in a child by observation unless observing a small congenital cholesteatoma in a young infant. Usually an operation to remove the cholesteatoma is recommended. This will involve a middle ear and mastoid operation under general anaesthetic using a microscope or small telescopes and lasting up to 2 or 3 hours. Usually the child is discharged home the same day.

If a cholesteatoma is not treated, it could continue to enlarge, causing damage to the ear and surroundings including the facial nerve and brain. Structures inside the ear, such as the tiny ossicles, mastoid (bone behind the ear) and the cochlea (inner ear) may be damaged causing dizziness, balance problems and possibly permanent hearing loss. Surgery carries some risks which are similar to those caused by the cholesteatoma disease over time. You can ask about risks of surgery at any stage of the consent process.

A cholesteatoma has a habit of returning, even if it has been removed during an operation; long term follow-up is recommended and parents should expect a second look operation 4-6 months later and follow-up MRI scan years after treatment. Surgery aims to remove disease, reconstruct the ear drum and ear canal wall and improve the hearing if possible. A hearing aid is still offered for some cases in the longer term.