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Cholesteatoma Handout

A cholesteatoma is a skin growth that occurs in an abnormal location, usually in the middle ear space behind the eardrum. It often arises from repeated or chronic infection, which causes an in-growth of the skin of the eardrum. Cholesteatomas often take the form of a cyst or pouch that sheds layers of old skin that build up inside the ear. Over time, the cholesteatoma can increase in size and destroy the surrounding delicate bones of the middle ear. Hearing loss, dizziness, and facial muscle paralysis are rare but can result from continued cholesteatoma growth.

What are the symptoms?

Initially, the ear may drain fluid, sometimes with a foul odor. As the cholesteatoma pouch or sac enlarges, it can cause a full feeling or pressure in the ear, along with hearing loss. Dizziness, or muscle weakness on one side of the face can also occur.

Is it dangerous?

Ear cholesteatomas can be dangerous and should never be ignored. Bone erosion can cause the infection to spread into the surrounding areas, including the inner ear and brain. If untreated, deafness, brain abscess, meningitis, and rarely death can occur.

What treatment can be provided?

Initial treatment may consist of a careful cleaning of the ear, antibiotics, and ear drops. Therapy aims to stop drainage in the ear by controlling the infection. The extent or growth characteristics of a cholesteatoma must then be evaluated.

Cholesteatomas usually require surgical treatment to protect the patient from serious complications. Hearing and balance tests and CT scans of the ear may be necessary. These tests are performed to determine the hearing level remaining in the ear and the extent of destruction the cholesteatoma has caused.

Surgery is performed under general anesthesia in most cases. The primary purpose of the surgery is to remove the cholesteatoma and infection and achieve an infection-free, dry ear. Hearing preservation or restoration is the second goal of surgery. In cases of severe ear destruction, reconstruction may not be possible. Facial nerve repair or procedures to control dizziness are rarely required. Reconstruction of the middle ear is not always possible in one operation; and therefore, a second operation may be performed 6 to 12 months later. The second operation will attempt to restore hearing and, at the same time, inspect the middle ear space and mastoid for residual cholesteatoma.

Follow-up office visits after surgical treatment are necessary and important because cholesteatoma sometimes recurs. In cases where an open mastoidectomy cavity has been created, office visits every few months are needed in order to clean out the mastoid cavity and prevent new infections. In some patients, there must be lifelong periodic ear examinations.