

CARCINOMA OF THE MIDDLE EAR A CASE REPORT

Pages with reference to book, From 72 To 72

Abdullah Jan (Department of ENT, Khyber Medical College, Peshawar.)

Abstract

A case is reported of a 55 year old man with chronic otorrhoea of long outstanding origin which on biopsy proved to be well differentiated squamous cell carcinoma. Radiotherapy was done and patient has been followed for 14 months without any recurrence. Rarity of the lesion is discussed and prevalence compared with other reported series (JPMA : 36 : 72, 1986).

INTRODUCTION

Carcinoma of the Middle Ear is a rare problem. About 7000 cases of chronic ear disease are seen every year. The first case seen in last three years in reported.

CASE REPORT

A 55 years old man was admitted with the history of left otorrhoea for the last 10 years. Three months previously, he developed left sided headache for which he attended a local hospital where he was originally treated with the routine conservative treatment of local Antibiotic Ear drops, Systemic antibiotics and analgesics. About a month later, he presented with a swelling behind the ear for which he attended the same Hospital again where he was diagnosed as mastoid abscess. Incision and drainage was carried out, but no pus was obtained. Four days later he developed left facial palsy. He attended this Hospital and complained of headache, deafness, discharging ear and facial palsy. General physical examination revealed a left facial palsy lower motor neurone with a post-auricular fistula (post surgical) and scanty discharge. On otoscopy a large reddish mass filling the whole of the deep external auditory meatus was seen. Tuning fork tests demonstrated conductive deafness on the same side. Nasopharynx was clear and there were no palpable neck nodes. The parotid was normal. An urgent exploration of left mastoid was carried out through a post auricular approach.

The mastoid Antrum was also clear of the disease. However there was orosion of the posterior bony meatal wall as well as the facial bridge through which a large reddish mass was protruding backwards encroaching upon the mastoid. On further dissection, the mass found to be filling the whole of the middle ear cavity. Most of the mass was removed piecemeal and sent for histological Section which was reported as well differentiated squamous cell carcinoma. He was refered for radiotherapy. The patient is free of disease for the last 14 months. However facial palsy has not improved and his hearing remains the same as before.

DISCUSSION

Carcinoma of the middle ear is a rare condition. The highest prevalence so far is one in 4000 reported by Robinson¹ in his review of 212,000 cases of aural disease seen between 1905 and 1924 at the Eye and ENT Hospital, Manhattan, New York. Tod² when looking through the records of the London Hospital found only one reported case out of 20,000 cases of ear diseases, while Furstenburg³ found cancer of the middle ear in only two out of 40,000 patients at the University of Michigan Medical School prevalence (1: 20,000).

Lodge⁴ has also reported only one case 'among 17,000 patients with disease of the ears seen by him. In our hospital where a total of about 7,000 cases of chronic ear disease are seen per year, this is the first case recorded in the last three years. It is believed that chronic otitis media may be the predisposing factor in carcinoma middle ear. Irritation leads to metaplasia and malignant change.

REFERENCES

1. Robinson, G.A. Malignant tumours of the ear. *Laryngoscope*, 1931; 41:407.
2. Tod, A.L. quoted in Scott Brown's *Diseases of the Ear, Nose and Throat* 4th Edition. Edited by John Ballantyne, John Groves (Butterworths) London, 1979 Vol.2 p. 404.
3. Furstenberg, A.C. Primary adenocarcinoma of the middle ear and mastoid. *Ann. Otol. Rhinol. Laryngol.*, 1924;33:677.
4. Lodge, W.O., Jones, H.W. and Smith, M.N. Malignant tumours of the temporal bone. *Arch. Otolaryngol.*, 1955; 61:535.