IMAGES IN OTORHINOLARYNGOLOGY

Spontaneous Drainage of Petrous Apex Cholesteatoma

Fistulización espontánea de colesteatoma de ápex petroso

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Petrous apex lesions have multiple aetiologies, among which are some benign tumours such as cholesteatoma.

We present the case of a 55-year-old male who attended consultation at the Neurosurgery Service in 2007 due to recurrent episodes of meningitis, with negative cultures. Imaging tests included magnetic resonance imaging (MRI), which reported an extra-axial cystic lesion of 2 cm, lateral to the cavernous sinus, at the level of the middle fossa, alongside the temporal pole, with no structure infiltration and contiguous to the nasal region. It showed no
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Figure 2

Enhancement after contrast administration, being hypointense on T1 and hyperintense on T2. This was compatible with an epidermoid cyst at the level of the petrous apex. The axial sections (Fig. 1) revealed a tumour in the nasal cavity and its extension towards the petrous apex.

Endoscopic examination showed an ulcerated area in the superior and lateral region to the cavum, at the level of the left nasal fossa (Fig. 2A: C [choana], CCM [middle turbinate tail], Of [fistulous orifice]).

We decided to biopsy the lesion through an endoscopic approach, finding a cavity filled with keratotic material (Fig. 2B), as well as a nasal cavity fistula lateral to the sphenoid sinus. We decided to clean, open the cavity, and take samples for an anatomopathological analysis.

The anatomopathological result was of material compatible with cholesteatoma. The postoperative MRI was satisfactory and the patient has remained asymptomatic to date (Fig. 3: postoperative cavity [arrow]).