IMAGES IN OTORHINOLARYNGOLOGY

Enchondroma of the Mastoid Secondary to Generalised Enchondromatosis∗

Encondroma de mastoides secundario a encondromatosis generalizada

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We present the case of a 26-year-old male who was consulted for right otorrhea and otalgia, along with fever, nausea and vomiting. He reported a previous diagnosis of chronic right otitis media and antecedents of generalised chondromatosis (Fig. 1). The patient’s right leg had been amputated as an infant. Physical examination revealed deformity of right skull with tumefaction of the ear lobe and retroauricular area, with marked mastoid hyperesthesia. The tympanic membrane could not be seen due to oedema of the external auditory canal.

Computed tomography was performed (Fig. 2), revealing severe dysplastic changes (compatible with chondromatosis) in right temporal and sphenoid bones, with involvement and occupation of tympanic cavity. Because of the history of chondromatosis and the tomography results, scintigraphy and magnetic resonance were requested (Fig. 3). Results showed active lesions and deformity (probably from osteochondroma) in the stage of becoming malignant, located in

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the skull (right occipital bone), along with alteration of the mastoid apophysis with an increase in volume.

The patient was admitted for antibiotic treatment (cephalosporins) and removal of the mass occupying the mastoids and middle ear. A cranial approach in the occipital-mastoid area was performed for drainage, curettage and taking a sample of osteochondromatous tissue, after tracheotomy for cervical involvement from the patient's underlying condition.

The pathology report indicated cystic mastoid enchondroma (multiple osteochondromatosis, chondromatosis of skull bones).

Figure 3