

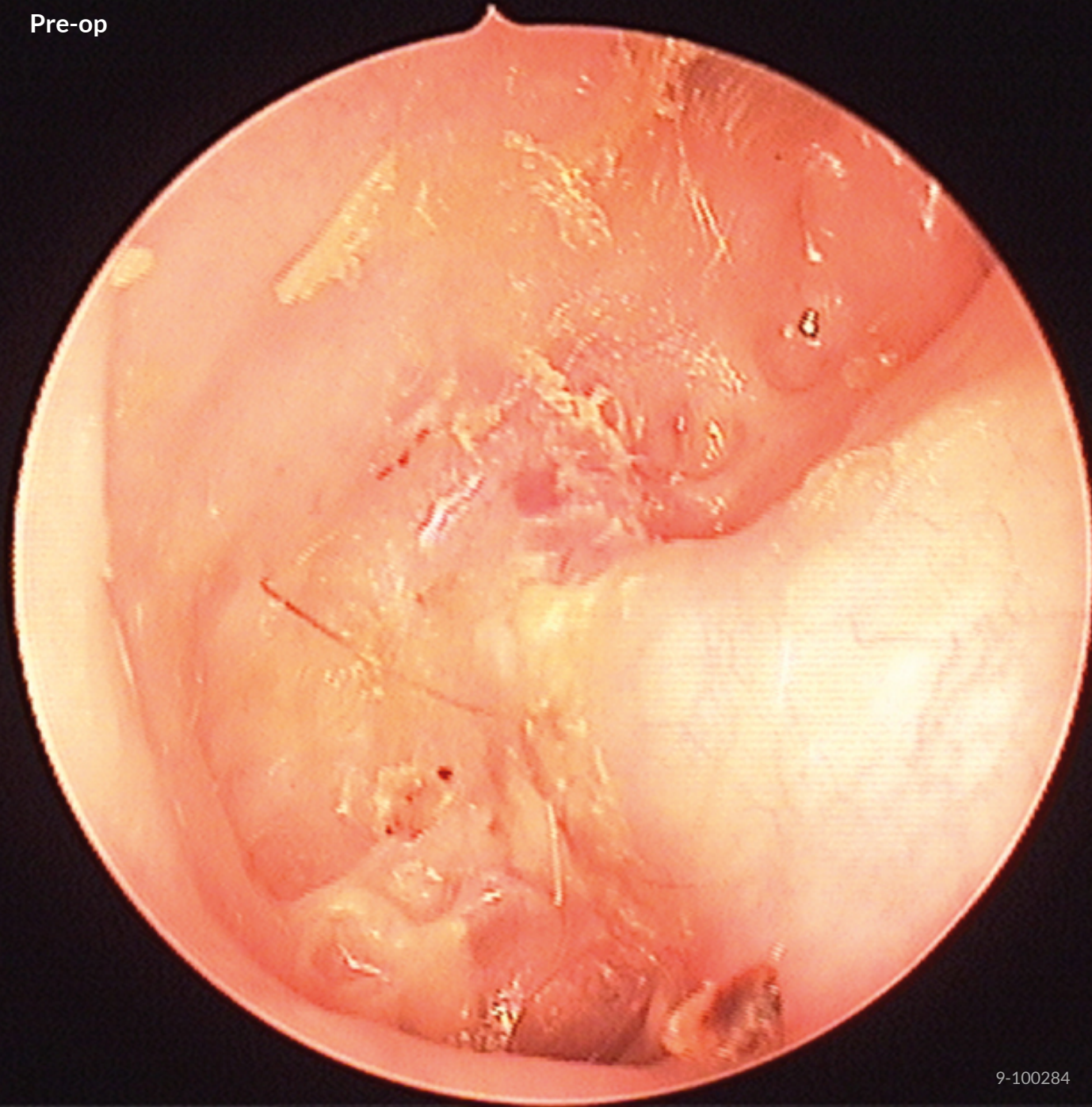
Obliteration of an old chronically infected mastoid cavity

Patient

A 57-year old male who underwent a radical mastoidectomy in the left ear at the age of 14. The patient suffered from continuous secretion/effusion with pain requiring frequent treatment by an ENT-specialist. The patient was not able to use a hearing aid.

The patient had a cavity with granulation in the sinus dura angle. There was no control of the mastoid/terminal cell with a 30° endoscope.

Pre-op



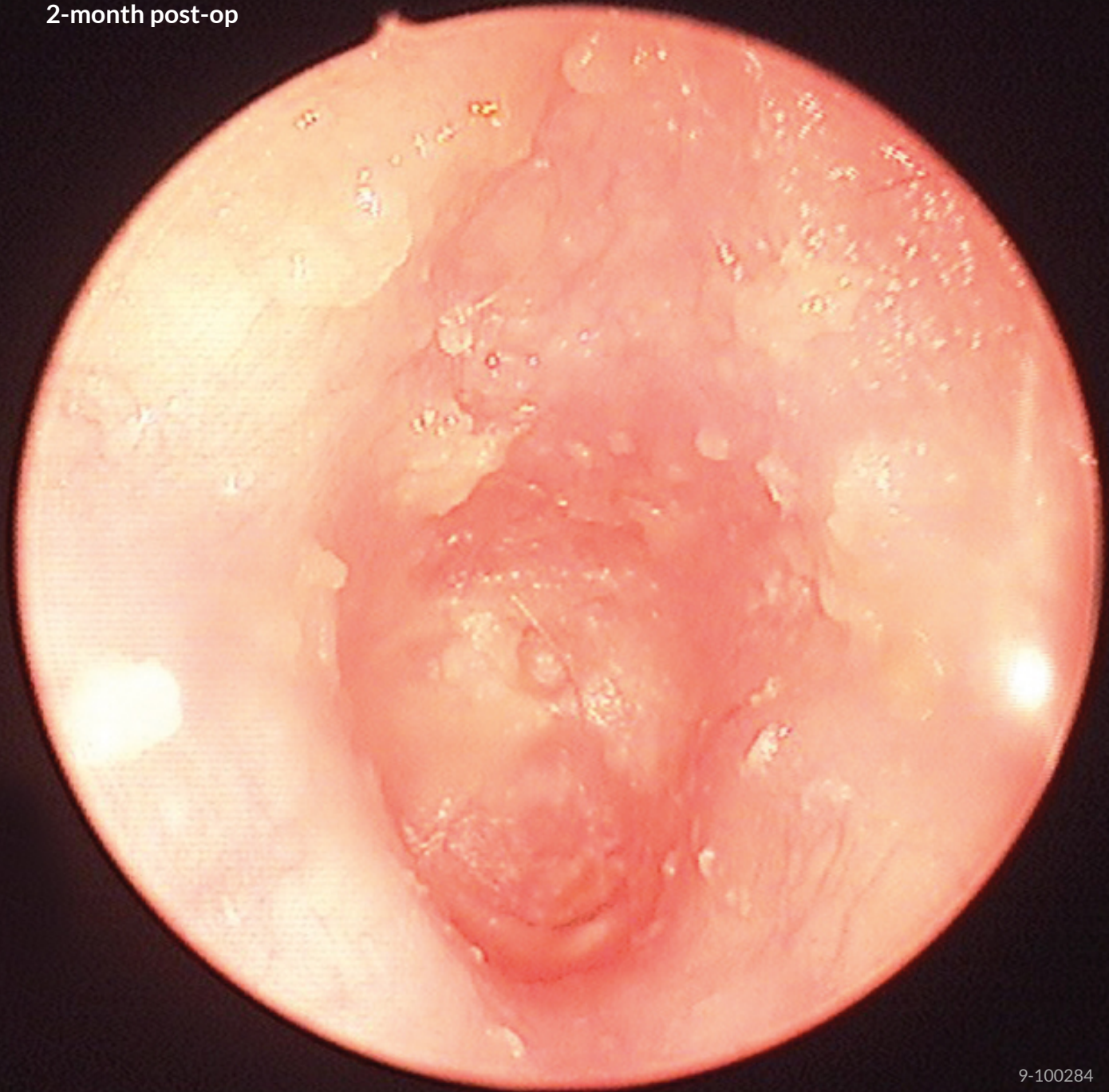
Operation

With a retroauricular incision a mastoidplasty was performed. The mastoid was cleaned and all granulation tissue was removed. The dura medial fossa cranii was visible, the epithelium was removed from the attic (malleus head and incus were absent) and the middle ear was kept untouched. The mastoid was obliterated with 4.5 cc Bonalive® granules and covered with overlapping thinned pieces of cartilage from the cavum conchae and fascia from the m. temporalis. No postoperative treatment with antibiotic was given.

Clinical outcome

At 2 months postoperatively the meatus was still reddish and swollen. The external ear canal (meatus) was treated with ear drops (consisting of dexamethasone, neomycin and polymyxin) for 2 weeks.

2-month post-op



At 5 months the meatus had healed well presenting a normal anatomy and the patient could wear a hearing aid without problems.

5-month post-op

