

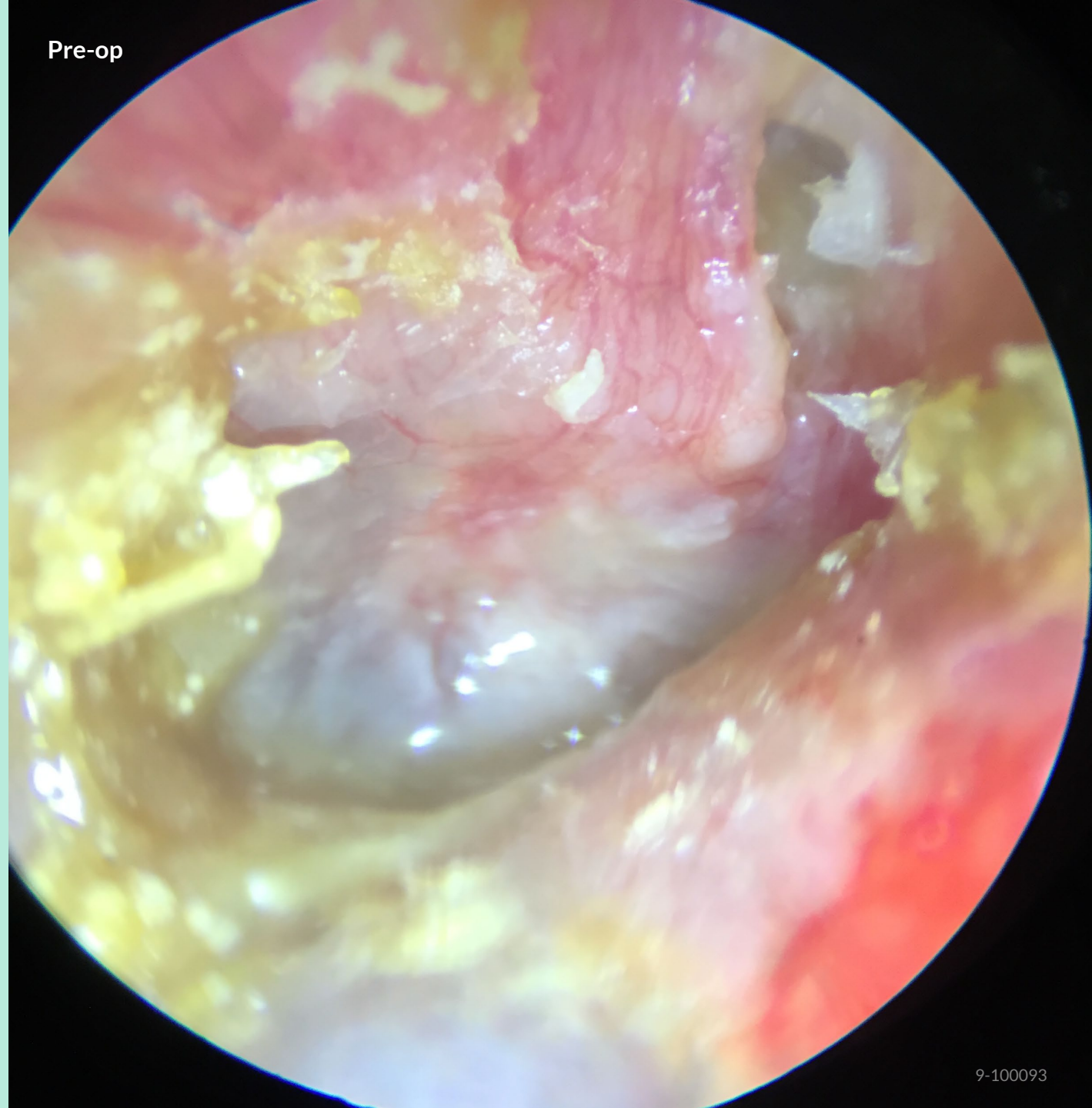
# Canal wall up mastoidectomy in cholesteatoma patient

## Patient

A 44-year old female with otorrhea evolving for 1.5 years in the right ear. Clinical examination showed an attic retraction pocket with profuse otorrhea. CT and MRI supported extensive cholesteatoma.

**Bacterial culture:** *Staphylococcus aureus*

Pre-op



## Operation

Type 2 Tympanoplasty with transcanal atticotomy and canal wall up mastoidectomy.

The operation started with an endoscopic transcanal approach. After the atticotomy, the control of the posterior extension of the cholesteatoma was not possible by means of the endoscopic approach alone; a canal wall up mastoidectomy with retro auricular incision was performed to control the mastoid extension of the cholesteatoma. The eptympanic and mastoid spaces were obliterated with Bonalive® granules.

## Clinical outcome

The external ear canal (meatus) was treated with ear drops for 2 weeks. Otoscopy at 7 months showed a well-healed tympanic drum and attical reconstruction. The patient was satisfied with the outcome and the increased quality of life including the possibility to participate in watersports.

7 months post-op

