

## CARCINOMA OF THE MIDDLE EAR

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### ABSTRACT:

Cancer of the middle ear is an uncommon disease. It has been described in patients with long standing history of discharging ears. Two additional cases of carcinoma of middle ear are described.

### INCIDENCE:

The incidence of carcinoma of the middle ears is estimated between 1/5000 to 1/10000 of all aetiological pathological conditions.<sup>1,2</sup> Incidence of cancer of the middle ear varying from 9 to 12% of Tumours of the ear. Sex incidence is 7th decade but can occur in patients in early age groups.<sup>3,5</sup> 75% of patients with cancer of the middle ear give a history of chronic Suppurative Otitis Media (SOM).<sup>6</sup> In addition Radiation to head and neck can cause cancer of the middle ear. Over 90% of cancer of the middle ear are squamous cell carcinoma<sup>7</sup>. Rhabdomyosarcoma, Adenocarcinoma, Chondrosarcoma, Lymphoma Basal cell carcinoma, Adenoma and secondary deposits have also been recorded in the middle ear.

### CASE-1:

A 25 years old man was referred to the ENT OPD from Manshehra with history of discharging Right Ear for the last 15 years, Headaches for one month and Blood stained discharge from the ear for one month.

Patient was admitted to the E.N.T. department and started on Triple regimen (consisting of Benzylpenicillin + Chloromycetin + co-trimoxazolc). Slight improvement in headaches was observed but there was no improvement in ear discharge, patient had no Lymphadenopathy. Examination of the ear was decided and radical mastoidectomy was carried out. The Middle ear & mastoid antrum was full of granulation tissues which was removed. Bleeding was more than usual, Sinus plate was eroded by the disease, also middle ear crural fassa dura was exposed. Incus and stapes were absent. Meatoplastomy was performed mastoid cavity and middle ear were packed with ribbon gauze with polyfax skin ointment. Postoperative recovery was uneventful. Packs and stitches were removed after 7 days. Granulations were sent for histopathology which showed poorly differentiated squamous cell carcinoma. Patient was sent for Radiotherapy. He had a full course of it. Patient was reviewed twice after radiotherapy and was symptom free.

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## **CASE-2:**

A 60 years old female patient was admitted to the ENT ward with headaches, dizziness and history of discharging right ear for the last 25 years. Patient also had history of bleeding from the ear with mastoid fistula for 4-5 months. Patient was put on injectable antibiotics consisting of benzylpenicillin, co-trimoxazole and chloramphenicol. Patient had radical mastoidectomy and a fleshy mass was removed from middle ear and mastoid cavity. The specimen was sent for histopathology which showed squamous cell carcinoma. Patient was referred for radiotherapy but could not follow up.

## **DISCUSSION:**

The cardinal symptoms of malignancy of the middle was otalgia, and Ausal-discharge pain was usually not very severe in the above two cases. Malignancy was unsuspected. The signs and symptoms were not very different from that of chronic otitis media but prolonged history of discharge which was blood stained and pain in a chronically discharging ear has made us suspicious to send the specimen for Histology.

## **CONCLUSION:**

Only constant suspicion of underlying malignancy in patients with long history of ear discharge with onset of pain and bleeding from the ear is likely to enhance the prospectus of middle ear radical mastoidectomy. Radiotherapy producing 5 year survival rate of about 45%. Once the tumour involves the dura the prognosis and results for any kind of surgery even total resection of temporal-bone is poor.

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