

# A pterygoid plexus variant causing recurrent epistaxis: Rare but possible

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## SUMMARY

Epistaxis is a common presentation to Emergency Department and it is number one emergency in Otorhinolaryngology. It has primary and secondary causes. We reported an extreme rare case of a 31-year-old female, presented with recurrent left-sided epistaxis. The epistaxis was minimal, intermittent and resolved with Trotter's manoeuvre. She did not have any other nasal symptoms such as nasal obstruction, rhinorrhoea or nasal itchiness. She neither has facial pain nor facial itchiness. There was no other bleeding tendencies such as easy bruising, haematuria, or per rectal bleed. Of note, she was not on any antiplatelet, anticoagulant or traditional medication. A computed tomography scan of paranasal sinuses showed a "starfish-shaped" radiated structure, connected to first and second part of maxillary artery consistent with variant of pterygoid venous plexus. This area was treated with diathermy, using coblater. During follow up, no epistaxis reported by patient. Pterygoid venous plexus variant, although rare should be considered as a possible cause of epistaxis.

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# Tuberculosis of ear mimicking cholesteatoma

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## SUMMARY

Invasion of the temporal bone by the *Mycobacterium tuberculosis* (MB), also known as tuberculosis mastoiditis (TB Mastoid) is one of the rarest forms of extrapulmonary tuberculosis. Jean and Friedmann in 1960 reported that TB mastoiditis accounts 0.04% to 0.9% of all Chronic Suppurative Otitis Media in the developed countries. An increased in immigrants from Southeast Asia has led to the rising trend in MB diseases in our country. Here, we present 2 cases of TB mastoid in immunocompetent and immunocompromised patients that presented to Hospital Ampang with complaint of unilateral otalgia and otorrhea which did not improve with routine antimicrobial therapy. Otoscopic examination showed granulation tissue occupying the ear canal. Both patients were also complicated with ipsilateral facial nerve palsy and hearing loss. Other cranial nerves were intact. Findings of HRCT of temporal bone for both patients reported as suspicious to an early acquired cholesteatoma with evidence of facial canal erosion, however histopathological examination revealed MB detected from the granulation tissue. Both patients commenced on anti-tuberculosis therapy and showed a good outcome. As a conclusion, the importance of considering a tuberculous infection in cases of otitis media and mastoiditis which do not respond to a conventional antibacterial therapy in both immunocompromised and immunocompetent patients. Early diagnosis with proper treatment of antituberculosis therapy is essential to avoid complication of TB mastoid and for favourable outcome.