

Cholesteatoma: How delayed diagnoses become morbidities?

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ABSTRACT

Background: Cholesteatoma is an abnormal, noncancerous skin growth than can develop in the external ear, middle ear, mastoid and petrous apex. It can be acquired or congenital. The aim of the study is to review cases of cholesteatoma with delayed diagnoses resulting in morbidity. **Methods:** A retrospective study conducted from 2010-2020. Patients with a delayed diagnosis of cholesteatoma from the Otorhinolaryngology clinic, Universiti Kebangsaan Malaysia Medical Centre (UKMMC) were evaluated. **Results:** We have 10 cases of delayed diagnosis of cholesteatoma resulting in morbidity. All of our patients underwent modified radical mastoidectomy and 3 needed to undergo craniotomy with neurosurgery. **Conclusions:** Patients presenting with severe otalgia and persistent ear discharge require urgent treatment especially children and the mentally challenged. High resolution computed tomography scan (HRCT) is imperative to diagnose cholesteatoma and its complications. Magnetic resonance imaging is indicated in patients with raised intracranial pressure or when the HRCT scan shows tegmen erosion. Those patients with intact tympanic membranes with a whitish mass medial to the tympanic membrane require urgent HRCT scan and hearing assessment.

Connecting the dots towards the diagnosis of ENT recurrent manifestation

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ABSTRACT

Introduction: Recurrent infections are among the common recurrent manifestations seen in the ENT practice. This could indicate underlying immunodeficiency including primary immunodeficiency diseases. **Methods:** The initial laboratory investigations that help to screen for the underlying causes include full blood count, serum immunoglobulins and lymphocytes immunophenotypes. Subsequently, further laboratory tests such as IgG subclass, vaccine-specific IgG (tetanus and pneumococcal), nitroblue tetrazolium (NBT) assay and cellular-mediated analysis maybe performed depending on the initial clue. **Results:** Primary antibody deficiency is perhaps the most common condition associated with this recurrent manifestation. Primary antibody deficiency diseases include agammaglobulinemia, selective IgA deficiency, common variable immunodeficiency, IgG subclass deficiency, and specific antibody deficiency among others. Other types of primary immunodeficiency diseases can also present with recurrent ENT infections particularly recurrent otitis media and sinusitis albeit not very common. **Conclusion:** It is important to accurately diagnose this condition because proper management could avoid adverse consequences such as irreversible organ damage.