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ENCEPHALITIS AS AN INTRACRANIAL COMPLICATION OF CHOLESTEATOMA

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Introduction: Complicated chronic cholesteatomatous otitis media is a rare entity at the present time. Complications have classically been classified as extracranial and intracranial. The latter pose a high risk for patients due to high morbidity and mortality and associated neurological sequelae. Timely diagnosis and referral to otorhinolaryngology together with preventive measures have decreased the incidence of cholesteatomas and their complications.

Clinical case: A 62-year-old man with a history of chronic enolism and deep vein thrombosis was initially studied for persistent right otorrhea treated with topical antibiotics, given the poor evolution, it was decided to perform a rock CT scan that was reported as a soft tissue tumor occupying the EAC, middle ear, antrum and mastoids with extensive bone erosion to rule out malignant chronic otitis media, malignancy or cholesteatoma. Later, MRI showed middle ear occupation with partial diffusion restriction (without being able to rule out cholesteatoma). A biopsy of the lesion was performed without being able to obtain a certain diagnosis, so the patient was scheduled for diagnostic-therapeutic surgery, however, while waiting for it, he presented intracranial complication, being diagnosed of meningoenkephalitis due to abscess in the right pontocerebellar cistern that showed the Cranial CT. A case with neurosurgery was discussed who, due to the absence of neurological deficits, opted for conservative treatment. The ENT service performed a petrosectomy with closure of the EAC and obliteration with abdominal fat. The right petrous bone biopsy was reported as bone spicules and squamous epithelium fragments with marked granular layer and keratin formation, accompanied by fibrosis and underlying chronic inflammation compatible with cholesteatoma. Once the otological pathology was resolved, the patient was placed in charge of the Neurosurgery service due to the persistence of extra and intra-axial cerebellar abscesses that evolved favorably with antibiotic therapy.

Discussion: Acute and chronic otitis media can be responsible for up to half of meningoenkephalitis in adults. The use of antibiotics has decreased its incidence in recent years. A high index of suspicion and the use of complementary images are required for its diagnosis. Computed tomography allows excellent spatial resolution to determine the size, location of the mass and the presence of bone erosion, but it is unable to give us information about the nature of the mass; however, the characteristics shown by the MRI of the cholesteatoma are nonspecific and generally iso / hypointense in T1 sequence and hyperintense in T2 sequence compared to the brain parenchyma. Therefore, when faced with inconclusive imaging studies, a biopsy is essential for the diagnosis and elimination of the process for the resolution of the infection and to improve the patient's clinical status and prognosis.