Cholesteatoma FAQ's

What is it?

Cholesteatoma is essentially skin in the wrong place. The outside layer of our eardrum consists of skin known as keratinizing epithelium. This type of skin sheds and has to have a way to get outside of the body. Cholesteatoma is a painless collection of keratinizing epithelium trapped behind the eardrum.

How Do We Get it?

Congenital - A small amount of keratinizing epithelium is left behind the eardrum while the child is developing in the womb. These may be discovered as a pearl shaped mass behind the eardrum on a routine doctor visit. These are slow growing and not visible for a long period of time and usually discovered when a child is 5-8 years of age. While a cholesteatoma is usually directly behind the eardrum, it may also be in the mastoid cavity where it is not visible until it grows into the middle ear. This latter variety is identified in the setting of a chronic draining ear in an older grade school child that had no prior history of ear infections.

Acquired - Keratinizing epithelium grows into the middle ear either through a hole or a deep pocket in the eardrum. These children have a long term history of ear infections or eustachian tube dysfunction.

Management

Cholesteatomas will continue to grow until they are removed or the growth is controlled in a way that prevents the most serious of complications. This growth will eventually affect hearing, balance, facial nerve function or worse if not addressed. Fortunately, surgical treatment is excellent in preventing nearly all complications. Unfortunately, there are no non-surgical treatments.

Primary Goal of Surgery

The primary goal of surgery is to make the ear safe from cholesteatoma. Often we will do a "second look" operation 6-8 months after the original surgery to ensure there is no recurrence. The second look operation can be deferred if the original cholesteatoma is small and does not involve the ear bones.

Hearing after Cholesteatoma Surgery (s)

Some cholesteatomas never affect hearing because they occur in safer areas of the ear and are detected early. More often, cholesteatoma involves the small bones of the middle ear and require them to be removed and this usually affects hearing. The amount of hearing loss, if it occurs, is usually conductive and ranges from mild to severe. These bones can be

reconstructed at future operations, however the success of this is variable. Sometimes reconstruction delivers excellent hearing, other times, no improvement. If the hearing loss is conductive, it responds well to a hearing aid. Rarely, cholesteatoma can involve the inner ear, In these situations it can cause ringing in the ears, balance disturbance, and/or hearing loss that is more difficult to aid.

How could hearing loss from this affect my child?

Children with one sided hearing losses function as normal verbal communicators. It limits them with localizing the direction of sound, or when they have their poorer ear turned towards the speaker. If the hearing does not fully return to normal, we suggest at a minimum preferential seating at school. A hearing aid or an FM system can be discussed if adaptation alone is not sufficient.

What does the surgery entail

An operating microscope is used to assist the surgeon enter the ear and remove the cholesteatoma. Depending on the location of the colesteatoma, the incision is made either in the ear canal or behind the ear. Both incisions are cosmetically friendly, unless there is keloid formation. Surgeries take between one and 4 hours, depending on the level of complexity.

What is the recovery like

Pain is mild to moderate after surgery for about a week. They cannot have gym or gym-like activities for 4 weeks after surgery. They cannot get ear wet at all for 2 weeks. They cannot swim for one month.