

Treatment of chronic ear infection with polyposis - a case report

Abstract

In elderly patients, with high risk of morbidity and mortality, a surgical procedure should not be the first option in treatment of chronic ear infection with polyposis. An alternative conservative attitude is offered, by use of low-dose of immunomodulation therapy.

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Introduction

The long term result of surgical treatment of chronic ear disease with polyposis is, in many cases doubtful¹. An option of medical treatment is offered.

Method and materials

The patient was M.E.M., 50years old, ASA1, female with chronic ear disease with polyposis of the right ear; with moderate type I (50dB HL) conductive hearing loss. A CT scan is presented on Figure 1 & 2. The treatment was initiated after written informed consent, with amoxicillin and clavulanic acid (875 m+ 125 mg) in a form of ½ pill twice per day and prednisolone 5mg /day.

The treatment was performed during two months with repetition of CT scan of the ear on the end of the treatment.

Results

There was no negative effect of medication on the patient during the treatment. After two months of treatment, the normal hearing was restored and type A of tympanogram was obtained. The results of CT scan image of the ear are presented on Figure 3 & 4.

Discussion

There is no doubt that in any case of cholesteatoma a surgery is the best option.² However, in the presence of polyposis of the middle ear disease, the surgery is not always a final resolution.^{1,2}

Major objections are, as it is known: a need of two stage surgery, an uncertain surgical result with reconstruction techniques, a procedure subjected to pathological scarring, and all that resulting in poor functional results. In my practice, I am facing an ageing population with multiple diseases, majority of them with ASA.³

This fact makes anesthesia, with its needs of prolonged controlled hypotension, a procedure of high risks, often resulting in cerebro-cardio-vascular complications and, equally important: most of these patients are not reluctant but they explicitly do not want to be submitted to any kind of surgery, not even colocation of ventilation tubes, due to high morbidity and mortality in this group of patients.

The purpose of this presentation was to try a non-aggressive/ non-surgical treatment for resolution of this clinical entity without

violating the medical condition of these patients and, not less important, following their wish on the type of treatment to be used.



Figure 1 MEM, 50 yrs female, OMC with polyps, R ear before treatment.

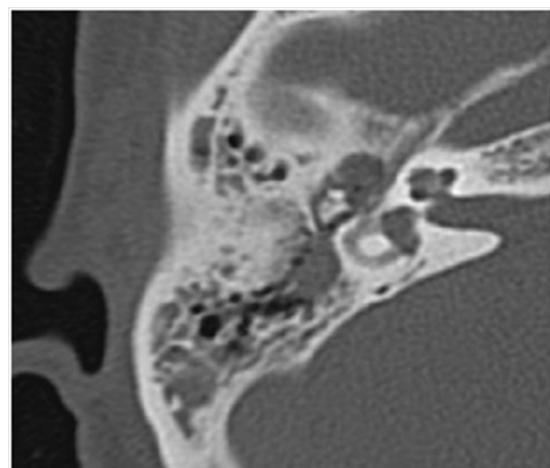


Figure 2 MEM, 50 yrs female, OMC wit polyps, R ear before treatment.

The medical treatment of chronic nasal sinus disease with polyposis is an option.³⁻⁸ The use of clarithromycin as immunosuppressive drug

is encouraged. In this case, it was used a broad-spectrum antibiotic,³ due to poor results obtained in treatments using clarithromycin of sinusitis with polyps.

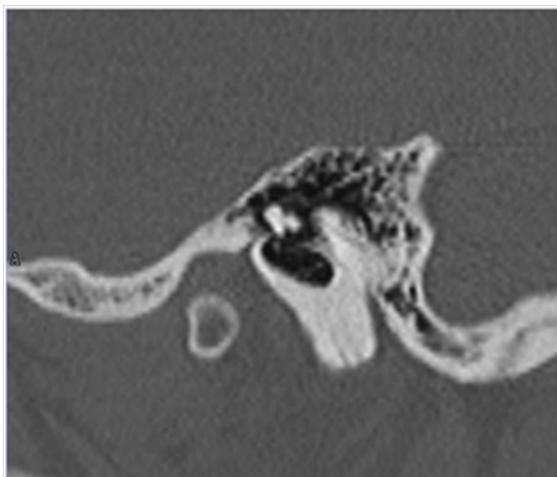


Figure 3 MEM, 50 yrs female, OMC with polyps, R ear after treatment.



Figure 4 M EM, 50 yrs, female, OMC with polyps.

As immunosuppressive drug the option was a low-dose prednisolone with its glucocorticoid effect.^{9,10} As it is visible in the Figure 3 & 4, a resolution of the disease is obtained with no need for surgery. The patient had no recurrence of the ear disease.

Conclusion

A surgery is not only solution for chronic ear disease with polyposis. In certain group of patients, an alternative conservative treatment could be an option.

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Conflicts of interest

Author declares there are no conflicts of interest.

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