

MASTOID OSTEOMA OF TEMPORAL BONE: CASE REPORT OF AN UNCOMMON ENTITY

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ABSTRACT

Osteomas are benign tumors of the lamellar bones.

Osteomas of mastoid bone are very rare. Patients mostly present with cosmetic deformity and postauricular pain. We are reporting similar case of 27 years female who presented mainly for postauricular pain.

KEYWORDS :

INTRODUCTION

Osteomas of head and neck region are mostly found in frontal and ethmoidal sinus and rarely in temporal bone[1]. In temporal bone these are present in external auditory canal mostly followed by mastoid region. These are slow growing benign neoplasm of mesenchymal origin. Patients present with long standing swelling with cosmetic deformity. Non contrast CT is helpful in diagnosing and planning for surgical excision. Surgical excision remains treatment of choice.

CASE REPORT

This patient was 27 years old female. She had right post auricular swelling since childhood. Swelling gradually increased in size and was associated with pain since last 1 year (Figure 1). She had no complaints of ear discharge, hearing loss, any other similar swelling in body. There was no history of trauma. On clinical examination a single round swelling of 5×4cm noted, swelling was hard in consistency with smooth surface and was fixed to underlying bone. Overlying skin was normal and freely mobile over swelling. Rest ENT examination was normal.

CT scan showed well demarcated bony lesion arising from Right mastoid cortex. There was no evidence of any intracranial connections (Figure 2).

Patient was taken for surgical excision under general anesthesia.



Figure 1: Right post auricular swelling

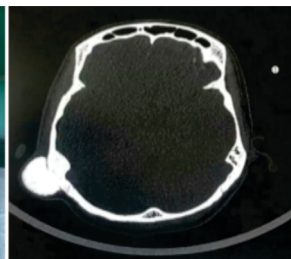


Figure 2: Bony lesion arising from Right mastoid cortex.



Figure 3: removal by using chisels



Figure 4: Complete removal

A modified post auricular incision was taken over mass. Flaps were elevated to obtain complete exposure of mass. Mass was resected using chisel and drill, flushed to outer skull table. Closure was done in layers (Figure 3 and Figure 4). Sutures were removed on post op Day 7. Wound healing was uneventful. Specimen on histopathology examination showed features of osteoid osteoma.

At two month follow up showed healthy scar and no recurrence.

DISCUSSION

Incidence of temporal bone osteomas is low upto 0.1 to 1 percent of all benign tumours of skull[2]. These are generally found in external auditory canal but rarely found in mastoid region as in this patient. These are generally found in young individuals with female preponderance[1][3]. As in external auditory canal, these usually present as solitary mass and grow from outer mastoid cortex⁴. The etiology is uncertain but some evidence of congenital origin is there[1][5]. Other factors implicated are trauma, local irritation, Chronic infection, radiotherapy, previous surgery and hormonal factor[1]. Occurrence of multiple osteomas is associated with Gardner's syndrome[6].

Treatment is necessary for symptomatic osteomas and those causing cosmetic disfigurement[2]. Differential diagnosis of other bony tumors like osteosarcoma, bone metastasis, Giant cell tumors, fibrous dysplasia etc should be kept in mind.

Non contrast CT scan is imaging modality of choice. Osteomas appear as high density well demarcated lesion. It is useful in diagnosis as well as planning for surgical excision.

Surgical excision is treatment of choice with high postoperative patient satisfaction.

CONCLUSION

Though rare, mastoid osteomas should always be kept in mind as a differential diagnosis of post auricular swelling.

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