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ENT

A CASE REPORT: TYMPANIC HEMANGIOMA

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ABSTRACT Tympanic Hemangioma is a rare benign vascular lesion involving the deep posterior bony external auditory canal with the tympanic membrane. This study includes a case study of a 39- year- old female with Tympanic Hemangioma, detailing her presentation, diagnostic findings and treatment plan.

KEYWORDS :

INTRODUCTION

Hemangiomas are benign vascular lesions that are most common in infancy and childhood. Hemangiomas of the tympanic membrane and/or external auditory canal are rare entities, generally occurring in males in the sixth decade of life.[1] It appears as a small vascular lesion involving the deep posterior bony external auditory canal and/or the posterior superior tympanic membrane. Mostly asymptomatic, they enlarge slowly to erode adjacent structures. They arise characteristically from the lamina propria of the tympanic membrane without involving the middle ear. Early recognition permits simple excision with preservation of the lamina propria, avoiding the need for tympanic membrane resection and reconstruction.

Hemangiomas can be classified into two histological categories:[2]

1. Cavernous Hemangioma- Large cavernous vascular space lined by endothelium
2. Capillary Hemangioma- Small vessels of capillary caliber

Case Report

A 39-year-old female presented to the Out-Patient ENT Department in MGM Hospital with complaints of Right ear reduced hearing since 1 month which was insidious in onset, initially unable to hear whispers progressing to inability to appreciate normal sounds with no aggravating or relieving factors associated with ringing sensation in the same ear which was continuous and not resolved on medications. The patient did not present with any other accompanying ear or nose complaints of ear discharge, ear trauma, aural fullness, nasal obstruction or recurrent episodes of URTI. Local examination revealed a reddish colored polypoidal mass in the right external auditory canal overlying and abutting the entire left tympanic membrane. Audiological Assessment was advised which revealed Moderately Severe Mixed Hearing Loss with B type Tympanogram. HRCT Temporal Bone was also advised which showed a soft tissue attenuation in the auditory canal with no extension to the middle ear along with intact ossicular integrity and a normal mastoid.

Patient underwent Right Exploratory Tympanotomy under GA. Intraoperatively, otomicroscopy showed a reddish mass between the fibrous and epithelial layer of the tympanic membrane with the pedicle attached superiorly to the deep EAC wall. The mass was removed in toto and sent for HPE. Ossicular mobility was found to be intact. A small central perforation was visualized which was repaired with the temporalis fascia graft.

Postoperatively, Intravenous antibiotics were continued. HPE report revealed a polypoidal lesion lined by stratified squamous epithelium with the submucosal tissue showing small to medium size vessels engorged with red blood cells likely suggestive of a Capillary Hemangioma of the Right Tympanic Membrane.

The rest of the postoperative course was uneventful. Patient was followed up regularly with no recurrence for 3 months postoperatively.

Fig 1. Preoperative Otomicroscopy

Fig 2. Soft Tissue Attenuation

Fig 3. Intraoperative Otomicroscopy

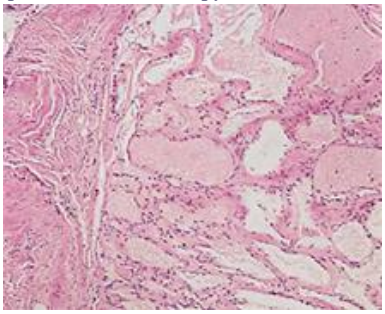

Fig 4. Histopathology Showing Lining Epithelium And Blood Vessels

DISCUSSION

Hemangiomas involving the tympanic membrane and the adjacent posterior bony external auditory canal, although rare, appear to be a specific disease entity of the human external auditory canal. Till now in the literature, there have been only 17 reported cases. [2] The hemangioma of the TM and the EAC occurs predominantly in adulthood with a predilection for the male sex. Most of the tympanic

hemangiomas arise from the lamina propria of the TM and has pedicles in the posterior part of the tympanic membrane. The hemangioma may affect the EAC involving only the skin of the posterosuperior wall and do not have bone invasion features. [4]

Tympanic Hemangiomas are mostly asymptomatic and might be accompanied by nonspecific otologic symptoms of hearing loss, aural fullness, tinnitus, and otorrhea.

Differential diagnosis includes glomus jugulare or tympanicum, high jugular bulb, aberrant internal carotid artery, and arteriovenous malformation. The presence of bone erosion, the skull base relationship, and the middle ear status are essential in the aim of differential diagnosis. HRCT Temporal Bone is considered the first choice to evaluate such lesions. MRI is only useful for vascular lesions but does not provide any details of the bony structures. For advanced lesions, an angiographic examination is advised to plan an embolization before surgery.

Treatment typically involves intravenous antibiotics with or without steroids along with total resection the lesion to prevent recurrence. [5]

CONCLUSION

The diagnosis of a Tympanic Hemangioma being a rare benign entity, early intervention is crucial for its propensity for proliferation and osseous erosion.

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