ORIGINAL RESEARCH PAPER
Volume - 10 | Issue - 04 | April - 2021 | PRINT ISSN No. 2277 - 8179 | DOI : 10.36106/ijsr
INTERNATIONAL JOURNAL OF SCIENTIFIC RESEARCH

LABYRINTHINE FISTULA- RARE PRESENTATION OF AN IMPORTANT COMPLICATION OF UNSAFE CSOM.

Radiodiagnosis

Dr Praveen MD Radiodiagnosis, Indira Gandhi Medical collage Shimla.

ABSTRACT

Labyrinthine fistula is an important complication in unsafe CSOM with Incidence 5-10%. It represents an erosive loss of the endochondral bone overlying the labyrinth. Reasons for cholesteatoma-induced labyrinthine fistula are still poorly understood. It is usually due to dehiscence of lateral semicircular canal (SSC) m/c followed by superior and posterior SCC. Although it is a common complication but due to early diagnosis and treatment its rarely seen or easily missed complication now a days.

KEYWORDS

Labyrinthine fistula , unsafe CSOM , SCC

Case presentation –We report a case of 17 year male who presented to ENT department with chief complaint of foul smelling discharge, decreased hearing right ear for last 2 year and vertigo for last 2 week and case was finally diagnosed as unsafe type of CSOM right side with mastoiditis with labyrinthine fistula (figure1) is due to dehiscence of right lateral SSC with right lateral sinus thrombosis (figure2).

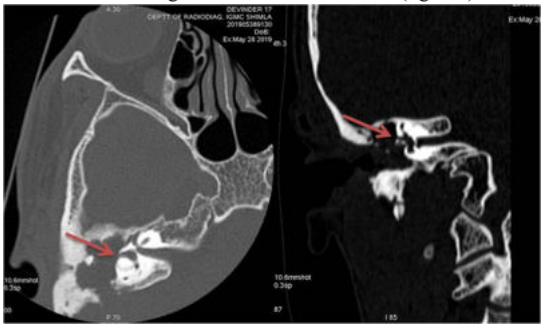

Figure 1) HRCT temporal bone showing labyrinthine fistula in (a)axial (b) coronal section

MATERIAL AND METHOD –

HRCT of temporal bone was done with 64 Slice CT machine followed by MRI brain in 1.5 T I (T1 ,T2 ,MPRAGE ,FLAIR,SPPACE, T1 POST CONTRST)

DISCUSSION -

Perilymphatic fistula are ultimately a rare condition. It is estimated that perilymphatic fistula has an incidence of 1.5/100,000 of adults[1]. Labyrinthine fistula is reported to rise from 3.6 to 13.9% of chronic otitis media with cholesteatoma. It also affect the lateral semicircular canal most frequently.Symptoms of labyrinthine fistula includes positional vertigo, severe disequilibrium, and sensorineural hearing loss[2]. It is bit difficult to differentiate it from mineiere disease. Fistula test senstivity reported to be between 30 to 60% at best. High resolution computed tomography of the temporal bone (TBCT) may help diagnose fistulas with sensitivity of 90%, but this sensitivity is confined to the lesions of the lateral semicircular canal, and its accuracy has often been doubted[3]. Many cases has been reported earlier in trauma cases but spontaneous perilymphatic fistula are rarely reported in unsafe CSOM .In our case perilymphatic fistula are reported with CVT right latera sinus.

CONCLUSION –

Although labyrinthine fistula is common complication in posttraumatic and tumor case but rarely seen and easily missed in spontaneous cases. So it's very important to carefully examine the HRCT temporal bone to look for labyrinthine fistula.

REFERENCES –

1. Fiedler T, Boeger D, Buentzel J, Esser D, Hoffmann K, Jecker P, Mueller A, Radtke G, Häfke D, Bitter T, Guntinas-Lichius O. Middle ear surgery in Thuringia, Germany: a population-based regional study on epidemiology and outcome. Otology & Neurotology. 2013 Jul 1;34(5):890-7.
2. Seltzer S, Mccabe BF. Perilymph fistula: the Iowa experience. The Laryngoscope. 1986 Jan;96(1):37-49.
3. Sarna B, Abouzari M, Merna C, Jamshidi S, Saber T, Djalilian HR. Perilymphatic Fistula: A Review of Classification, Etiology, Diagnosis, and Treatment. Frontiers in Neurology. 2020 Sep 15;11:1046.