

TUBERCULOSIS OF THE MIDDLE EAR AND MOSTOID ANTRUM IN A CHILD: A CASE REPORT

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Summary

A case of primary tuberculous otitis media, who presented with a post-aural mastoid swelling is presented. The diagnosis was reached at histology of the biopsy material. The clinical presentation of the disease has been elaborated. Resolution of the lesion was observed following anti TB treatment. The importance of entertaining tuberculosis as a cause of otitis media has stressed.

Introduction

Tuberculosis infection of the middle ear has been recognised for many years; the disease, however, remains relatively uncommon. The onset of otitis media in a patient known to be suffering from pulmonary tuberculosis may lead the clinician to suspect a tuberculosis aetiology. Without a high index of clinical suspicion, an early diagnosis of tuberculosis involvement of the middle ear is most unlikely in patients who fail to show any clinical symptoms for the disease elsewhere.

Case Report

An eighteen month old male Zambian child was brought to the ENT clinic with a right post-aural swelling for one week. There was no past or present history of discharge from either ear. Local examination revealed a 1.5 cm x 1.5 cm fluctuant and non-tender swelling which caused forward and downward displacement of the right pinna. There was no rise in local temperature. An otoscopy examination showed a dull looking tympanic membrane without any evidence of congestion. Other physical findings were unremarkable. An X-ray of the mastoids showed a cavity in the right mastoid (Fig.); while the chest X-ray was essentially normal. A provisional diagnosis of mastoid abscess was made and the patient commenced on antibiotic therapy. On the second day an incision of the swelling was performed under general anaesthesia and serous fluid was drained; the swelling was noted to con-

tain matter resembling granulation tissue which was biopsied. The histological examination of the tissue revealed a tuberculous infection. The patient was placed on anti TB therapy and within a month of commencing treatment, the swelling disappeared completely; the tympanic membrane having regained its normal whitish shining appearance. Treatment, however, was continued for nine months. The child is presently under follow-up and remains asymptomatic.

Discussion

The relatively high incidence of primary tuberculous otitis media in children has been attributed to the consumption of unpasturised milk (Friedman, 1974). The earliest presenting features appear to be the presence of a painless post-aural swelling. Progression of the disease is

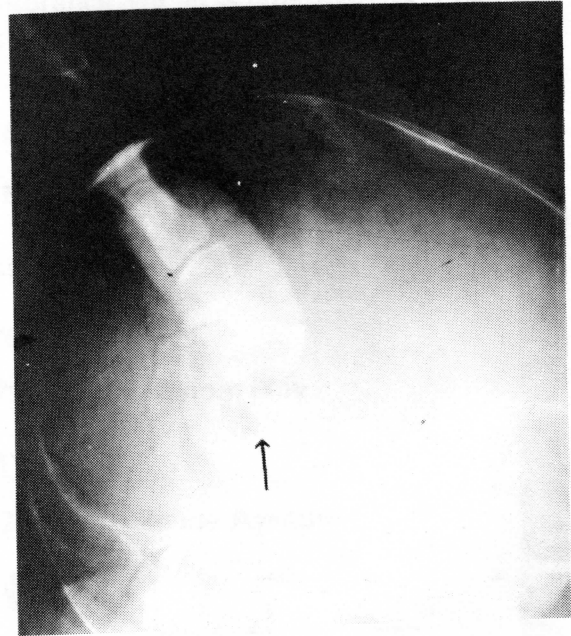


FIG: Xray showing a lytic lesion in the right mastoid.

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characterised by the development of discharging multiple sinuses, which also remain painless.

Bone destruction usually occurs as a late complication of the disease.

Acknowledgement

We wish to thank Dr. Herman, Consultant Pathologist for diagnosis the case, Dr. Pruti, Consultant Paediatrician for supervising the anti-tuberculosis therapy and Dr. W.J. Chella for various assistance.

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