A cholesteatoma is a growth of skin that occurs behind the eardrum, usually due to a history of repeated infections. The skin growth forms a cyst that then enlarges and can erode the surrounding structures behind the ear drum. This can result in hearing loss, dizziness, facial paralysis, or in rare cases even severe intracranial infections (meningitis, brain abscess) if not treated.

What are the symptoms of cholesteatoma?
Symptoms include chronic drainage from the affected ear. Patients may also experience a sense of fullness or pressure as well as hearing loss. Dizziness and facial weakness are late but various serious signs of cholesteatoma.

How do I know if I have cholesteatoma?
A thorough evaluation by your physician is the first step in diagnosis. Often if there is active infection, a course of antibiotics (topical ear drops, oral antibiotics, or both) is usually recommended. Your doctor will clean the ear if necessary and examine it under a microscope in the office. If a cholesteatoma is suspected, your doctor will generally recommend a baseline hearing test and then refer you for a detailed CT scan of the middle ear and mastoid bone. The CT scan will confirm the presence of a cholesteatoma and also to aid in surgical planning if warranted.

How is Cholesteatoma treated?
The most common treatment for cholesteatoma is surgery. This procedure is called a mastoidectomy. During the procedure, your surgeon will remove the cholesteatoma as well as any diseased tissue or bone in the surrounding area using special instruments and a surgical drill. An incision is typically made behind the ear. The procedure is performed under general anesthesia and is usually done as an outpatient so does not require a hospital stay. Often times the ear drum will also be diseased or have the presence of a hole, and thus a portion or all of the ear drum will need to be replaced, usually from tissue harvested from behind the ear. This procedure is called a tympanoplasty. Often during surgery, the tiny bones behind the ear drum are noticed to be eroded by the cholesteatoma and will need to be removed. Your doctor may try to replace these bones with an artificial prosthesis to help to restore your hearing, though this may need to be performed at a second surgery 6 months to a year later. If restoring your hearing in this way is not feasible, your doctor will discuss with you other options to help to improve your hearing once the cholesteatoma has been successfully removed and shows no signs of recurrence.

What are some of the complications from mastoid surgery?
Common risks of surgery include need for revision surgery, infection, bleeding, pain and decreased hearing. Other more rare complications include injury to the facial nerve. Your doctor will typically place a special monitor with electrodes in the muscles of your face.

(continued on back)
face during the surgery to help to ensure to avoid damage to the nerve of your face. If you develop facial weakness, in most cases it is just temporary and will improve usually within weeks to months. Dizziness is also not uncommon, and will usually improve with time.

**Aftercare**

Your doctor will give you instructions on how to care for your ear after surgery. Generally, there will be packing in the ear canal that your doctor will usually remove at your initial follow-up visit. Depending on the extent of disease, you may need to see your doctor periodically to inspect the mastoid cavity and perform routine cleaning and inspections to avoid the possibility of recurrence of cholesteatoma or problems with recurrent infections in the future.