

## CHRONIC OTITIS MEDIA WITH LABYRINTHITIS RIGHT SIDE PROCEEDING ON TO MENINGITIS. CHRONIC OTITIS MEDIA LEFT SIDE WITH CHOLESTEATOMA.

By E. J. Seow, M.B., F.R.C.S., ED.

Madam M. an Indian Muslim aged 17, was admitted into the E.N.T. ward, General Hospital, on 11th June, 1958 with a history of right earache associated with ear discharge, nausea, vomiting and giddiness for four days. The giddiness was very severe as the patient could not get up from bed.

She had a previous history of bilateral ear discharge and was very deaf in both ears.

On examination, the patient looked ill and the temperature was 100°F. There was an attic perforation with cholesteatoma in the left ear. There was a large central perforation with polyp in the right ear. Fistula sign was negative in both ears. The hearing was poor in both ears; she could not hear conversational voice close to her ears; she had conductive deafness in both her ears; absolute bone conduction was normal. There was a first degree nystagmus to the left. Rombergs test made the patient fall to the right. Her gait was normal. Finger to nose test was normal. Disdiadokokinesis was normal. Other parts of the E.N.T. were normal.

In view of the above findings, she was diagnosed as a case of chronic otitis media with labyrinthitis of the right ear and chronic otitis media with cholesteatoma of the left ear.

She was treated with Inj. Procaine Penicillin. Three days later on 14.6.58, she developed swinging temperature and neck rigidity. Lumbar puncture was done and cerebrospinal fluid showed the following: cell count 400, chlorides 700 mgm%, globulin+, glucose 45 mgm%, total protein 80 mgm%. Smear showed no

organism, lymphocytes ++, polymorphs+. Culture and sensitivity test showed no growth.

She was treated with oral sulphadiazine and alkali, systemic penicillin and intrathecal crystalline penicillin daily. After six days the temperature was still swinging. Oral chloromycetin was given in the usual doses and the previous treatment stopped. The next day the temperature came down to normal. An audiogram was done on 24.6.58. 12 days later on 3.7.58 a left endaural epitympano-mastoidectomy was done. Cholesteatoma was found and removed, the incus was not present. On 25.8.58 a right endaural radical mastoidectomy was done and cholesteatoma and polyp were found in the right middle ear cleft and removed. The post operative course was smooth and she was discharged on 4.9.58. She has had no complaints ever since. Her hearing is poor but originally she came to us with poor hearing in both ears.

Comments: This is a case of advanced inflammatory disease of both ears with poor hearing. She has mixed deafness as shown in the audiogram. The right radical mastoidectomy was done to eradicate the foci of infection and to prevent a recurrence of intracranial infection. This is a life saving operation.

### REFERENCES

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