

HOW BENIGN ARE AURAL POLYPS?

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INTRODUCTION

Aural polyps, polyps filling the external auditory canal, are encountered frequently in the practice of Otolaryngology. They are not infrequently assumed to be benign. This paper highlights the more sinister pathology camouflaged by aural polyps.

METHOD AND MATERIAL

A retrospective study of aural polyps operated in the ENT Department, Tan Tock Seng Hospital, since its inception in November 1983 when it commenced surgical function till October 1986 is undertaken.

A total of 34 cases were operated on.

RESULTS

Of the 34 cases of aural polyps operated on, 88.2% were found to be arising from the external auditory canal or the lateral surface of the ear drum (Table 1). 11.8% arose from the middle ear through an attic perforation. Of these 4 cases of attic perforation, one (2.9%) was associated with cholesteatoma and required a mastoidectomy for clearance. 3 cases of the aural polyps which arose from the external auditory canal camouflaged a keratosis obturans in the deeper part of the auditory canal. In one case, the keratosis obturans eroded through the inferior auditory canal wall, formed an abscess and presented as a postauricular discharging fistula. The root of the

TABLE 1: SITE OF ORIGIN OF AURAL POLYP

	External auditory canal or lateral ear drum	Middle ear	
		Attic perforation	Central perforation
No.	30	4	0
% of total	88.2	11.8	0

cause was only discovered following removal of the aural polyp. None of the aural polyp was carcinomatous (Table 2).

TABLE 2: COMPLICATIONS ASSOCIATED WITH AURAL POLYPS

	Cholesteatoma	Keratosis obturans	Necrotising OE	Ca
No	1	3	1	0
% of total	2.9	8.8	2.9	0

DISCUSSION

Contrary to most reports from Western literatures which find that aural polyps nearly always originate from the middle ear, the author finds that the majority of the cases in this study arises from either the external auditory canal or lateral surface of the ear drum.

In view of the possibility of aural polyps camouflaging a more sinister pathology such as cholesteatoma or carcinoma, it is the author's view that all aural polyps should be removed for histological evaluation and for the ear drum to be assessed.

ACKNOWLEDGEMENT

The author is grateful to the ENT Department, Tan Tock Seng Hospital for its material and services.

REFERENCES

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