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Cholesteatoma surgery – current concept and trend

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The 4-yearly International Cholesteatoma Conference allows the medical and scientific community to share their ideas in Cholesteatoma. In the 10th International conference, several ideas emerged that reflect the current trend in the management of cholesteatoma. Retraction pockets are the precursors of cholesteatoma. They commonly occur in pars flaccida or the posterior pars tensa area. Embryological study showed that these areas are slightly different to the rest of the pars tensa. Pars tensa has a layer of neural crest sandwiched between an outer layer of ectoderm and an inner layer of endoderm. The pars flaccida and posterior pars tensa do not have the inner endoderm layer. At a result, these sections of the tympanic membrane behave differently at time of infection and are more prone to the development of retraction pockets. Current imaging techniques such as cone beam CT and Diffusion weighted MR imaging allows cholesteatoma and the destruction of the temporal bone structures to be detected earlier and more precisely. This has transformed the follow up management of cholesteatoma after mastoid surgery. So far, there is no evidence that any medical treatment can replace surgical eradication of cholesteatoma. In the surgical management of cholesteatoma, the old debate of open versus close cavity mastoidectomy has abated. Mastoid surgery with obliteration of the mastoid cavity has gained international popularity. It has the benefit of avoiding a cavity as well as low recurrent and residual cholesteatoma rate. However, within this surgical philosophy, there are a variety of techniques involving different obliterating materials and methods. Another surgical approach that has gained popularity is endoscopic ear surgery. It allows surgeons to work in blind areas and minimal bone removal. However, there is still debate on how much of cholesteatoma surgery can be performed safely and efficiently using endoscopes alone or still under the microscope. Most surgeons agree that current cholesteatoma surgeons should equip themselves with both endoscopic and microscopic techniques. When it comes to surgical reporting, one of the most important achievements of the last international cholesteatoma conference (Chole2016) is the development of an International Classification and Staging System on Middle Ear Cholesteatoma. Such system allows surgeons to record and report their surgical outcome in a more meaningful way that can be compared with their peers.

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