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Management of otological tuberculosis

YM Chan and FRCS Ed FAMS
Singapore General Hospital, Singapore

This retrospective study of 10 patients with tuberculous otitis media elaborates the difficulty in the diagnosis, management of a rare otological condition from a single author in a tertiary hospital in Singapore. Tuberculosis is seen by the medical physicians with frequent cervical node disease with positive histology and cultures. Early diagnosis allows early treatment and prevent dissemination of infection to health care workers, care givers and family members. However, in our experience, otological tuberculosis do not present with cervical node pathology. Early diagnosis is necessary due to the proximity of the skull base with concern of spread to dural or meninges causing meningeal or intracranial complications. Negative initial culture and histology will require confirmatory culture of mycobacteria with further delay of six to eight

weeks. Coupled by the difficulty in obtaining adequate tissue samples, mastoid surgery also requires frequent drilling with risk of inhalational disease to the health care workers. Lesional tissue samples for histological analysis may either be small or lost in the form of bone dust. In this poster presentation, a discussion of various clinical manifestations of otological tuberculosis is presented, to heighten the early diagnosis of both middle and inner ear tuberculosis presenting as acute mastoiditis or labyrinthitis. Perioperative management and early diagnosis is imperative to prevent cranial nerve complications due to the proximity of the skull base and to facilitate the start of early antimicrobial therapy.

chan.yew.meng@singhealth.com.sg