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Editorial

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Congenital Cholesteatoma of Inner Ear

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Introduction

Congenital cholesteatoma was characterised as a white, pearly lesion behind an intact tympanic membrane that was recognised as a cholesteatoma following excision on pathological examination. Cases in which the tympanic membrane integrity has been compromised were eliminated. Bilateral congenital cholesteatoma is exceedingly unusual, with just 1.8 percent of 604 infants with congenital cholesteatoma having the bilateral type. A cholesteatoma is a cyst or sac that removes old skin layers. As the dead skin cells build up, the growth can get large enough to damage the middle ear's fragile bones. Hearing, balance, and facial muscle function may all be affected. The majority of cholesteatoma patients experience ear discharge, conductive hearing loss, or both in the afflicted ear. Other, less dangerous diseases (for example, otitis externa) may also present with same symptoms, but cholesteatoma is far more serious and should not be disregarded. If a patient appears to a doctor with ear discharge and hearing loss, the doctor should rule out cholesteatoma until the illness is ruled out.

Pain, balance disturbance, tinnitus, earache, headaches, and bleeding from the ear are some of the less frequent symptoms of cholesteatoma (all of which occur in fewer than 15% of cases). Facial nerve weakness is also possible. Balance complaints in the presence of a cholesteatoma suggest that the cholesteatoma is degrading the inner ear balance organs. Initial examinations by doctors may simply reveal an ear canal full with discharge. Cholesteatoma cannot be diagnosed until the doctor has cleansed the ear and examined the whole tympanic membrane. Once the material has been removed, cholesteatoma can manifest itself in a variety of ways. An auditory polyp may partially cover the tympanic membrane if there is severe inflammation. If there is minimal inflammation, the cholesteatoma may look as 'semolina' discharged from a tympanic membrane defect. The posterior and superior tympanic membranes are the most often impacted. If the cholesteatoma has been dry, it may have the appearance of 'wax over the attic.' The attic is located just above the eardrum.

If left untreated, a cholesteatoma can eat away at the three tiny bones in the middle ear, causing nerve damage, hearing, imbalance, and vertigo. Cholesteatoma is a chronic illness. When a cholesteatoma is diagnosed in a patient who can withstand a general anaesthesia, the usual therapy is surgical removal of the tumour. The challenge of cholesteatoma surgery is to remove the cholesteatoma permanently while preserving or recreating the normal functioning of the tissues contained inside the temporal bone. The overall goal of cholesteatoma surgery is divided into two sections. It is focused both at the underlying disease and at preserving the normal functioning of the temporal bone.

These goals are at odds, making cholesteatoma surgery exceedingly difficult. Occasionally, the circumstance leads to a collision of surgical goals. If the first operation does not entirely remove the original, a residual cholesteatoma may form; residual cholesteatomas usually appear during the first few years after the initial surgery. A recurrent cholesteatoma is a new cholesteatoma that develops while the underlying reasons of the original cholesteatoma remain.

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