

Unusual Temporary Treatment for Mastoid Fistula

SUBRAMANIAM VINAYAK EASWERAN*, SARVESH NAYAK†, ARPANA HEGDE‡

ABSTRACT

Postauricular mastoid fistula is a rare complication of chronic suppurative otitis media. It could also occur after ear surgery as a complication and at times as a complication of congenital cholesteatoma. Usual treatment suggested in literature is surgery by closing the defect by using temporalis muscle rotation flap. This article is an out of the box thinking to temporarily treat a patient having mastoid fistula by using a prosthesis made in the dental department using acrylic in order to snugly fit in the postauricular defect area. Such a prosthesis could be made use of when a patient experiences giddiness if and when water enters the fistula tract while bathing, or if the patient wants to postpone the surgery due to some reason.

Keywords: Postauricular mastoid fistula, complication, acrylic prosthesis

Postauricular cutaneous mastoid fistula is a rare condition, as rare as only about 6 cases were reported in literature.¹ Mastoid fistula is a rare complication of chronic suppurative otitis media. This complication could be secondary to ear surgery, or a complication of congenital cholesteatoma.² Usual treatment in all referred literature is surgery using:

- Temporalis muscle rotational flap for closure of the defect.¹
- Fascio-cutaneo-periosteal advancement flap with Burow's triangles.²

However, simple closure is often unsuccessful because of the necrotic skin edges.

This article is written as an out of the box thinking in the treatment of a postauricular mastoid fistula, which presented to us a case of complication of chronic suppurative otitis media.

CASE REPORT

A 65-year-old lady presented to us in the ENT OPD with a complication of chronic suppurative otitis media in the form of a postauricular mastoid fistula. She had uncontrolled diabetes and experienced giddiness while having bath as water was stimulating her labyrinth. Because of her comorbid condition and her debilitating giddiness, we tried helping her to buy time till she became fit for her surgery (which is the ideal treatment for a condition like this) by making a prosthesis that snugly fits in the fistula area and thus could help her overcome her giddiness, while having bath and preventing water entering the labyrinth.

The dentists initially approximated the depth of the sinus by measuring it using a match stick. Semi hot impression compound cake was molded over the match stick, which was inserted into the sinus. The impression was taken out and put into the bowl-containing wet dental stone (gypsum). Impression compound was removed after setting of dental stone by heating on to that impression cavity. Acrylic polymer and monomer were mixed and poured on a thin plate of acrylic over which water was poured and let to set.

After setting, the acrylic was taken out from the bowl by splitting of the set dental stone and checked for trying on the patient's sinus cavity. Figure 1 a and b show the prosthesis mold and Figure 1c shows the prosthesis *in situ*.

*Dept. of ENT, Pandit General Hospital, Church Road, Sirsi, Uttara Kannada, Karnataka

†Venkatesh Dental Clinic, Near Narashimha Temple, Pramankatta, Keni Road Mandi Bazar, Ankola, Karwar Dist, Karnataka

‡Dental Care Center, 1st floor, GP Center, Court Road, Sirsi, Karnataka

Address for correspondence

Dr Subramaniam Vinayak Easweran

Dept. of ENT

Pandit General Hospital

Church Road, Sirsi, Uttara Kannada - 581401, Karnataka

E-mail: vinoo121071@gmail.com

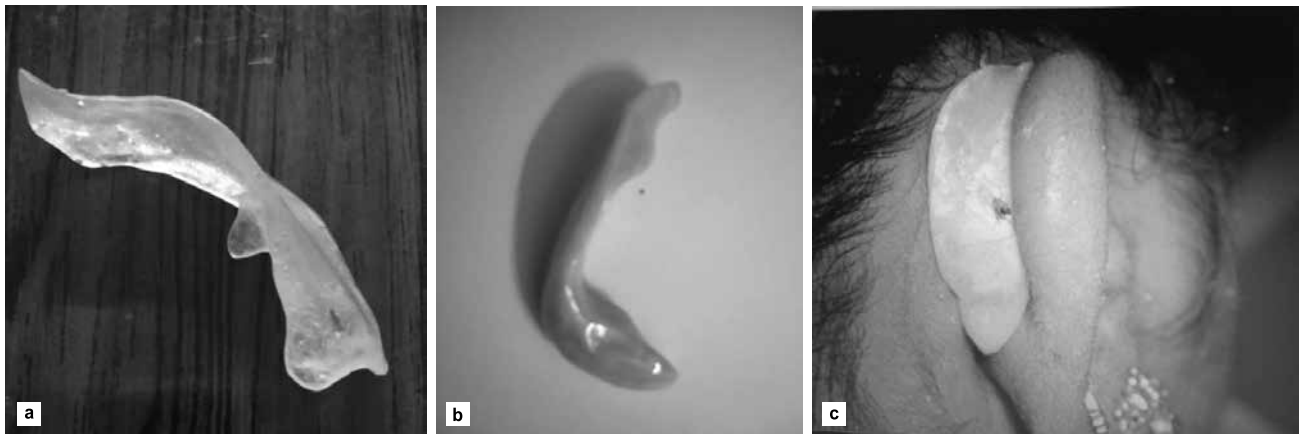


Figure 1. Prosthesis mold (a and b) and prosthesis *in situ* (c).

DISCUSSION

We present here an unusual and temporary treatment of mastoid fistula. What makes this case a special one is that it has never been published in literature, and moreover it could be thought of as an ideal treatment for the patient who wants to buy time for surgery owing to the patient's comorbid conditions. At the same time, it can help the patient get rid of the debilitating giddiness, which is a consequence of the complication of chronic suppurative otitis media. However, surgery to close the fistula is the mainstay treatment of such a case.

CONCLUSION

We can keep this as a treatment option, though surgery is the main treatment. Such a treatment

could be given a thought for patients who have comorbid conditions making them unfit for surgery and have other associated symptoms with regards to the disease condition per say, giving a choice to the patient to buy time till the patient could be made fit for surgery.

REFERENCES

1. Choo JC, Shaw CL, Chong Y C S. Postauricular cutaneous mastoid fistula. *J Laryngol Otol.* 2004;118(11): 893-4.
2. Olusesi AD, Opaluwah E. Postauricular advancement fascio-cutaneo-periosteal flap for closure of mastoid cutaneous fistula. *Otolaryngol Pol.* 2014;68(5): 276-80.

■ ■ ■ ■

Living with the Times: New Toolkit to Help Older Adults Maintain Well-being During Pandemic

A new toolkit, titled "Living with the Times" has been developed that carries illustrated posters with important messages for older adults on how to maintain well-being during the COVID-19 pandemic, while supporting those around them.

The posters have a unique design and require minimal reading skills. They are culturally diverse and are aimed at engaging these people in conversations and activities. The toolkit also provides information for facilitators of mental health and psychosocial support (MHPSS) on carrying out guided conversations with older adults with the help of these posters. The Inter-Agency Standing Committee (IASC) Reference Group on Mental Health and Psychosocial Support (MHPSS) in Emergency Settings (IASC MHPSS RG) and experts from various disciplines, including dementia, MHPSS in humanitarian settings, and aging and disability, have come together to develop this resource which targets the needs of older adults... (WHO)