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Introduction: Chronic otitis media is a relatively common disease. Nowadays it commonly believe that potentially fatal intracranial complications are rare with the advent of antibiotics and better healthcare. In this case report, we present a young gentleman who had undiagnosed chronic otitis media complicated with fatal intracranial complications.

Case Report: A 23 years old gentleman presented with 6 days history of fever with right sided otalgia and facial paralysis. On the day of admission he also developed weakness of the left lower limb. Further history revealed that he had recurrent episode of otorrhoea and otalgia for many years without prior consultation with otolaryngologist. Examination revealed spike of temperature with right sided facial nerve palsy House Brickman grade V and effusion with retracted tympanic membrane on the right ear with granulation tissue. Neurological examination showed reduce power on the left lower limb. His white cell count raised to 30 and increased C reactive protein (CRP) to 125. Contrast Enhanced Computed Tomography (CECT) was done, showing subdural empyema with associated mass effect, midline shift, generalized edema, right uncal herniation, complicated with dural venous sinus thrombosis and mastoiditis. He was started on intravenous ceftriaxone and underwent examination under microscope, craniotomy and evacuation of subdural empyema. Pus culture and sensitivity (C&S) grew bacteroides stercoris. Repeated CT scan post-operative showed unchanged subdural collection at right paramedian and right tentorium cerebelli regions with associated generalized edema, mass effect and suspicious uncal herniation. His condition deteriorated and later underwent decompressive craniectomy. Unfortunately his clinical conditions continue to deteriorate further till he finally succumbed to his illness.

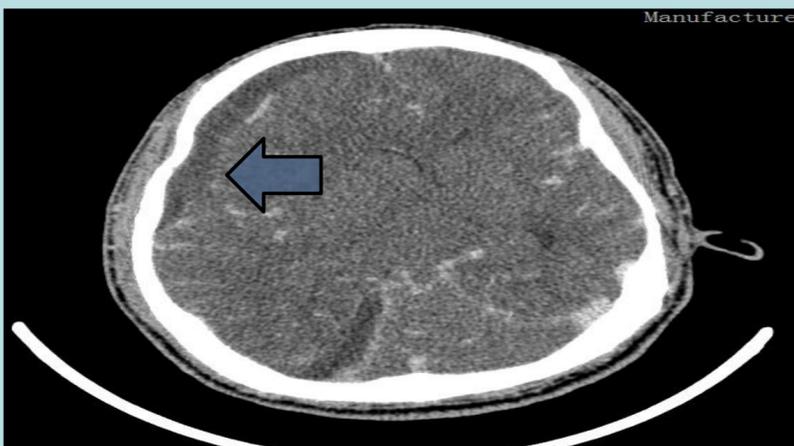


Photo 1 : Right paramedian subdural collection with right mastoid air cells and middle ear opacification in keeping with otitis media changes



Photo 2 : Post right decompressive craniectomy with current CT shows worsening right frontal lobe herniation with worsening intracranial bleeds and severe cerebral/ cerebellar oedema.

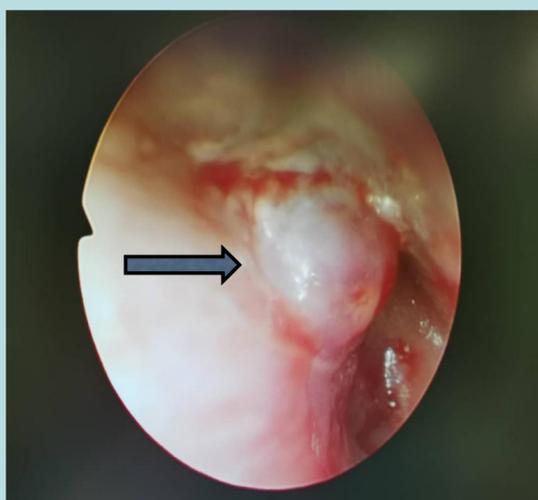


Photo 3 : Retracted tympanic membrane with granulation tissue

Conclusion : Chronic otitis media relatively is a common disease. Serious complications are rare. Otitis media with intracranial complications potentially carries higher risk of morbidity and mortality. Teamwork approach including neurologist, ENT and Neurosurgeon is important in managing such a case.