CHOLESTEATOMA-CYST OF NECK

By E. TURNHEIM (Rotherham)

A WOMAN of 26 who had a right radical mastoidectomy performed elsewhere for chronic C.S.O.M. four years previously, attended the E.N.T. Out-Patient Department here in *May, 1950*, with a tender swelling just below the right mastoid tip. This had appeared two years before and had been gradually increasing. The swelling was the size of a walnut, mobile and lying deep to the sterno-mastoid muscle. The mastoid cavity was fully epithelialized. As the aspiration of the swelling produced no fluid result it was decided to explore it. At operation a cyst lying deep to the sterno-mastoid and attached to the mastoid tip was dissected. The latter appeared to be intact. The cyst contained cholesteatoma-like material. On histological examination its wall was lined with squamous epithelium. The patient made an uneventful recovery.

She attended again two years later complaining of a recurrence of the

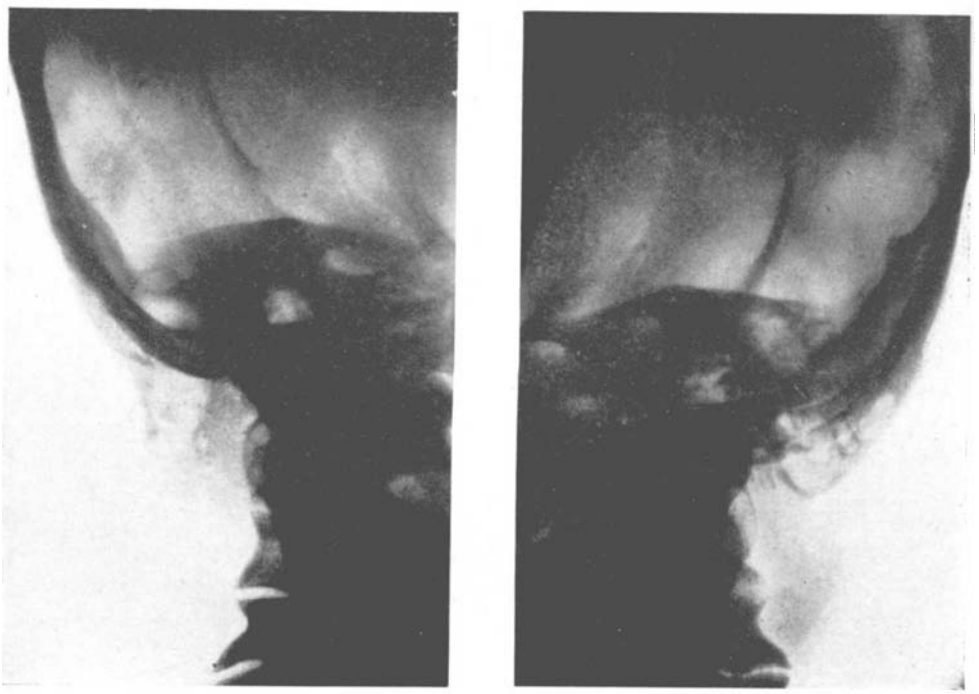


FIG. 1.

Right mastoid.
Elongation of the tip containing a cell, which appears to be separate from the mastoid cavity.

Left mastoid.
Well developed air-cell system. Normal outline of tip.

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swelling. In view, however, of her advanced pregnancy nothing was done about it for the time being. The patient did not attend again until *October, 1953,* when her name was put down on the waiting list for removal of the cyst, which in the meantime had become rather larger and much more tender. Whilst awaiting admission the cyst burst spontaneously in *May, 1954,* and there was a profuse discharge from the cavity at the same time. A few days later the patient was seen at the E.N.T. Clinic, but by this time the fistula in the neck had healed and there was only a slight discharge to be seen in the cavity. This dried up within the next week.

I saw the patient again (for the first time since *1950*), in *August, 1954,* and I arranged for her early admission to hospital as the swelling of the neck had recurred and was very tender and near bursting point. At operation on *September 3rd, 1954,* an elongated cyst 1 inch in diameter and 3 inches in length was dissected out. It was again attached to the mastoid tip and again contained cholesteatoma-like material. The mastoid tip felt intact. Following the operation the wound broke down opposite the mastoid tip and a small amount of discharge was produced from it daily. The cyst wall on microscopic examination appeared again to be covered by squamous epithelium and X-ray taken on *September 8th, 1954,* showed that in the right mastoid tip, which was elongated, there was a large cell not connected with the radical cavity. On strength of this X-ray the mastoid cavity was re-opened on *September 17th, 1954,* and the tip of the mastoid process explored. It indeed contained a large cell which was full of cholesteatoma and which communicated with the neck through the break postero-medially. The partition wall dividing the cell from the rest of the cavity was taken down and most of the mastoid tip was amputated.

In view of the above findings it seems that this is a rather unusual case where cholesteatoma filling a mastoid cell remaining following a radical mastoidectomy, expanded into a downward direction and after breaking through the cortex of the tip of the mastoid bone, formed a cyst in the neck.

It is now seven months since the last operation. The cavity is fully epithelialized, there is no recurrence of the swelling of the neck and the scar appears to be well healed and not tender.

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