CASE REPORT

Extremely Rare Case T. B. of External Auditory Meatus in 11 Year Old Male

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ABSTRACT

Pulmonary tuberculosis is very common in our county but T.B of external auditory meatus is very rare. An 11 years old boy presented in OPD of Ghurki Trust Teaching Hospital Lahore with H/O left ear blood stain discharge for one year. On examination external auditory meatus was full of granulation tissue. Histopathology showed picture of Tuberculosis. Anti-T.B therapy was given for 8 months.

Key words: Granulation tissue, Tuberculosis, External Auditory meatus, Histopathology.

INTRODUCTION

Tuberculosis (TB) is an infectious disease caused by a bacterium called Mycobacterium tuberculosis (MTB). It affects mainly the lungs, but also can affect any other organ in the body. More than 2 billion people, one-third of the world's population, are infected with Tubercle bacilli, over 90 percent of them in developing countries. Globally, 9.2 million new cases and 1.7 million deaths from tuberculosis occurred in one year.

CASE REPORT

An 11 year old male came to OPD, ENT department Ghurki Trust Teaching Hospital with H/O left ear blood stained, scanty, purulent discharge and deafness for the last one year. Examination showed external auditory meatus full of granulation tissue along with purulent discharge. Tuning fork tests showed conductive hearing loss on left side. His Hb was 11.8 mg/dl, TLC was 7000/mm³, ESR was 15mm/ hr. On X-ray mastoid there was mild sclerosis on left side. Our provisional diagnosis was CSOM attic–antral variety. We had planned for mastoid exploration. Granulation tissue was removed from external auditory meatus under operating microscope. Tympanic membrane was intact. Granulation tissue was coming from posterior meatal wall therefore, cortical mastoidectomy was done. Mastoid Antum was normal. No granulation tissue or cholesteatoma was found. Tissue was sent for histopathology. Histological examination of the section revealed a fibroconnective tissue comprising of multiple granulomata in which epithelial cells, lymphocytes and giant cells are seen. Areas of necrosis were also present. Features were suggestive of chronic granulations most likely tuberculosis. He was given anti tuberculosis therapy for eight months. Patient became asymptomatic after 2 months of therapy.

REFERENCES
