A REVIEW OF ACUTE MASTOIDITIS ADMISSIONS AND THEIR COMPLICATIONS IN A TERTIARY PAEDIATRIC HOSPITAL.

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In an audit of 52 paediatric patients that were admitted with mastoiditis in 2016 and 2017 in Sheffield Children's hospital, UK, 25% required an acute cortical mastoidectomy and 13% had concomitant intracranial complications.

Despite the use of antibiotics and vaccinations, mastoiditis is still a common disease with serious complications in the paediatric population.

Introduction
Mastoiditis is still a condition that we see in paediatric hospitals. We aimed to evaluate the workload of acute mastoiditis patients in a tertiary paediatric hospital, their complications and contemporary management of those.

Methods
Retrospective review of all non-elective admitted patients with mastoiditis under ENT or Paediatrics over the years of 2016 and 2017 in Sheffield Children’s Hospital, UK.

Results 1
52 patients were diagnosed with mastoiditis over a 2-year period. 3 patients had recurrent mastoiditis. The average age on admission was 3.3 years with no statistically significant difference by gender. The average length of stay was 4.9 days, increased in those who required surgical intervention. The months of February to April were the busiest.

Results 2
18 patients required unilateral myringotomy and grommet and 13 of those also cortical mastoidectomy. 7 patients had intracranial complications in the form of abscess or lateral sinus thrombosis. A variety of micro-organisms were responsible with Fusobacterium Necrophorum and Group A streptococcus the most likely to cause serious complications.

Diagnosis of sinus thrombosis can sometimes be difficult. Out of the 5 patients with absence of sigmoid sinus flow on MRI, 3 had anticoagulation for 3 months, 1 in the form of the newer medication Rivaroxaban. Two patients developed chronic hydrocephalus of which one ended with a lumbar-peritoneal shunt.

Mastoiditis is still a serious disease with potentially lethal complications. Although the management of it is similar in most departments the management of lateral sinus thrombosis is still controversial.

Further research is needed to identify whether anti-coagulation is needed, when and for how long.

Can you spot the anomaly?
(There was no admission for mastoiditis in November for the last 2 years!)