Cholesterol granuloma (CG) of the middle ear presents as a 3-months recurrent otorrhea and ear canal obstruction in a girl.

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**Conclusions:** The treatment plan of CG depends on the location and size of the lesion. It is suggested conservative therapy and medical treatment, although in severe cases surgical approach is preferred. Since the cholesterol granuloma lacks epithelial lining often total excision is not possible.

**Objectives:** CG of the middle ear is a rare clinical entity involving formation of inflammatory granulation tissue in response to the deposits of cholesterol crystals that act like a foreign body and evoke inflammatory response. It presents with conductive hearing loss and a blue eardrum and typically it is related to chronic otitis media.

**Methods:** We report a case of a CG occupying the middle ear, presenting as recurrent otorrhea and ear canal obstruction in a girl.

**Results:** A 10-years-old girl consulted for left, intermittent, foul smelling, purulent otorrhea associated with unilateral occasional obstruction and tinnitus, without otalgia or fever, for the last 3 months.

Surgical history included left myringotomy 5 years ago.

Oto-microscopy revealed external otitis and central perforation of the left tympanic membrane with inflammation tissue in posteroinferior quadrant.

On the left ear tympanogram was type B and tuning fork tests were: Weber on the left and Rinne negative.

The rest of the clinical, physical and laboratory examinations were normal.

Audiologic testing confirmed a left air gap of 60dB in 8000Hz.

After 8 days of drug treatment, the patient had clinical improvement and underwent CT/MRI which inveterate CG of middle ear.