A rare case of unilateral Keratosis Obturans (KO) complicated with External Otitis in a 12-years-old boy.

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Conclusions: KO is a disease of the external auditory canal.
Any localized erosion of external bony canal and middle ear cleft must be considered as external auditory canal cholesteatoma.
CT and histopathological examination establishes diagnosis and treatment.

Objectives: KO is characterized by accumulation of desquamated keratinous epithelial material in the bony part of the ear canal.
It usually occurs bilaterally and presents as severe otalgia, conductive hearing loss and widened external auditory canal.
77% of children have an associated sinusitis and bronchiectasis.

Methods: We report a case of unilateral KO which manifests External Otitis (EO) in a young boy.

Results: A 12-years-old boy presented to our department with right severe otalgia and otorrhea without fever or fatigue.
He had a history of using for a month ear drops in order to wax removal.
Clinical examination confirmed external otitis and he received local and PO medication for 8 days.
On reexamination the inflammation of right ear canal had improved and revealed a keratotic mass obscuring the tympanic membrane.
Audiological tests demonstrated right mild to severe conductive hearing loss.
As the removal of mass elicited excruciating pain, the patient underwent imaging.
Computer Tomography (CT) verified soft tissue plugging right external auditory canal and ballooning of its osseous part.
Under general anesthesia, oto-microscopy was performed on the right ear, the keratotic mass was dissected from surrounding tissue and totally excised.
Pathological examination confirmed KO.
In the follow-up period the ear canal and hearing was normal, without deficits.