Paediatric cholesteatoma is considered to be more aggressive when compared to adults. It is thought to be more extensive, intraoperative ossicular chain status poorer, and the rates of recurrence and residual disease higher. Previous explanations for such a disparity in comparison to adult cholesteatoma include differences in the matrix and/or persisting factors which may impair aeration of the ear. Despite this, complication rates such as labyrinthine fistula or facial nerve palsy are lower [1].

**INTRODUCTION**

- Paediatric patients have less contracted mastoid air cell systems and more inflamed mucosa, particularly in the protympanum and mesotympanum.
- The long process of the incus is more frequently eroded, but the malleus head and the body of the incus were eroded much less frequently in children.
- The lateral semicircular canal, facial nerve and tegmen were eroded less frequently than in adults.
- Overall, the presenting characteristics of children’s cholesteatoma are different to those of adults.

**METHODOLOGY**

The primary objective was to ascertain whether intra-operative cholesteatoma findings differed between paediatric and adult patients.

A retrospective review of consecutive patients undergoing cholesteatoma surgery for the first time in Gloucestershire were recorded on a hospital database. Patients were divided into two groups according to whether they had had their 18th birthday at the time of surgery. Each of the other variates were compared between the two groups and differences in proportions were considered to be discernible if the probability of identity was less than 0.05.

**RESULTS**

**CONCLUSIONS**

- Paediatric patients have less contracted mastoid air cell systems and more inflamed mucosa, particularly in the protympanum and mesotympanum.
- The long process of the incus is more frequently eroded, but the malleus head and the body of the incus were eroded much less frequently in children.
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**References**