

Otosclerosis

Presented by

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Glomus Tumour

INCIDENCE:

Rare. More common in females at 40 - 50 years,

ORIGIN:

Arises from the non-chromaffin paraganglionic tissues (chemo-receptors) which lie

1- on the promontory => called glomus tympanicum

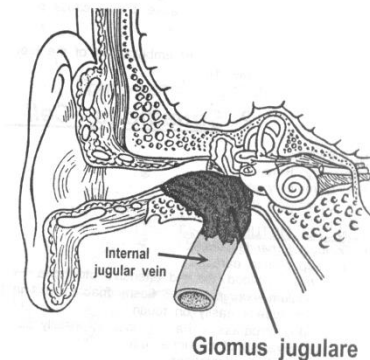
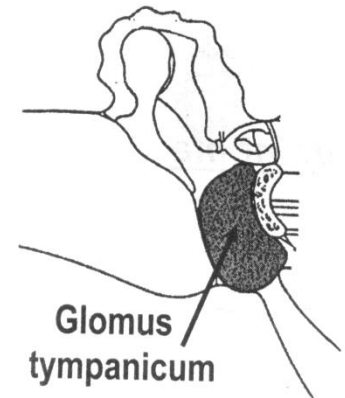
2- on the jugular bulb (near the floor of the middle ear) => called glomus jugulare

PATHOLOGY:

A highly vascular benign tumour

BEHAVIOUR:

Although microscopically benign, it is an aggressive locally destructive tumour



B- Neurological manifestations:

- 1- Jugular foramen syndrome (i.e. IX, X and XI cranial nerves paralysis} => the earliest manifestation of glomus jugulare.**
- 2- Facial and hypoglossal nerves paralysis => later on.**

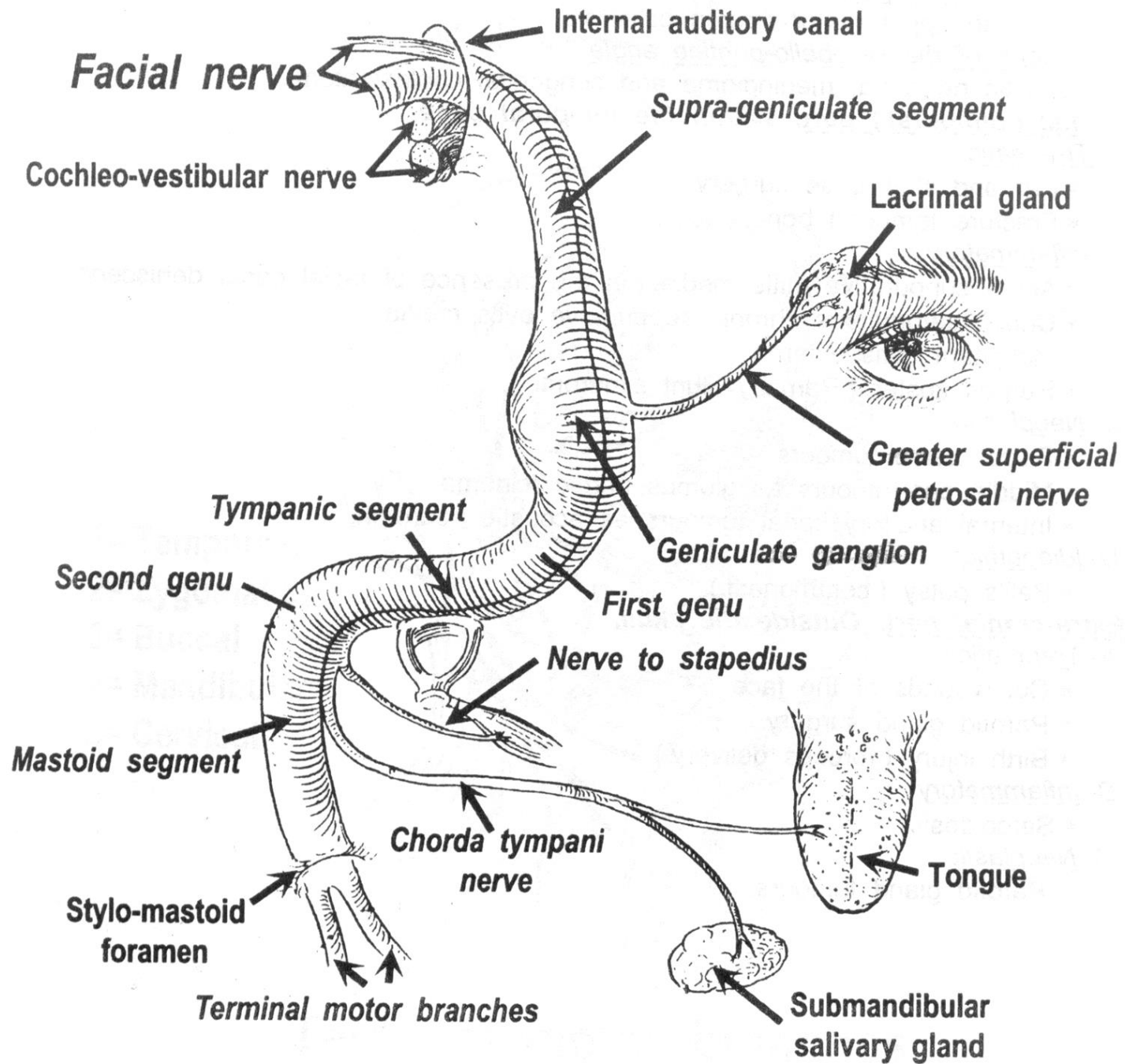
Investigations:

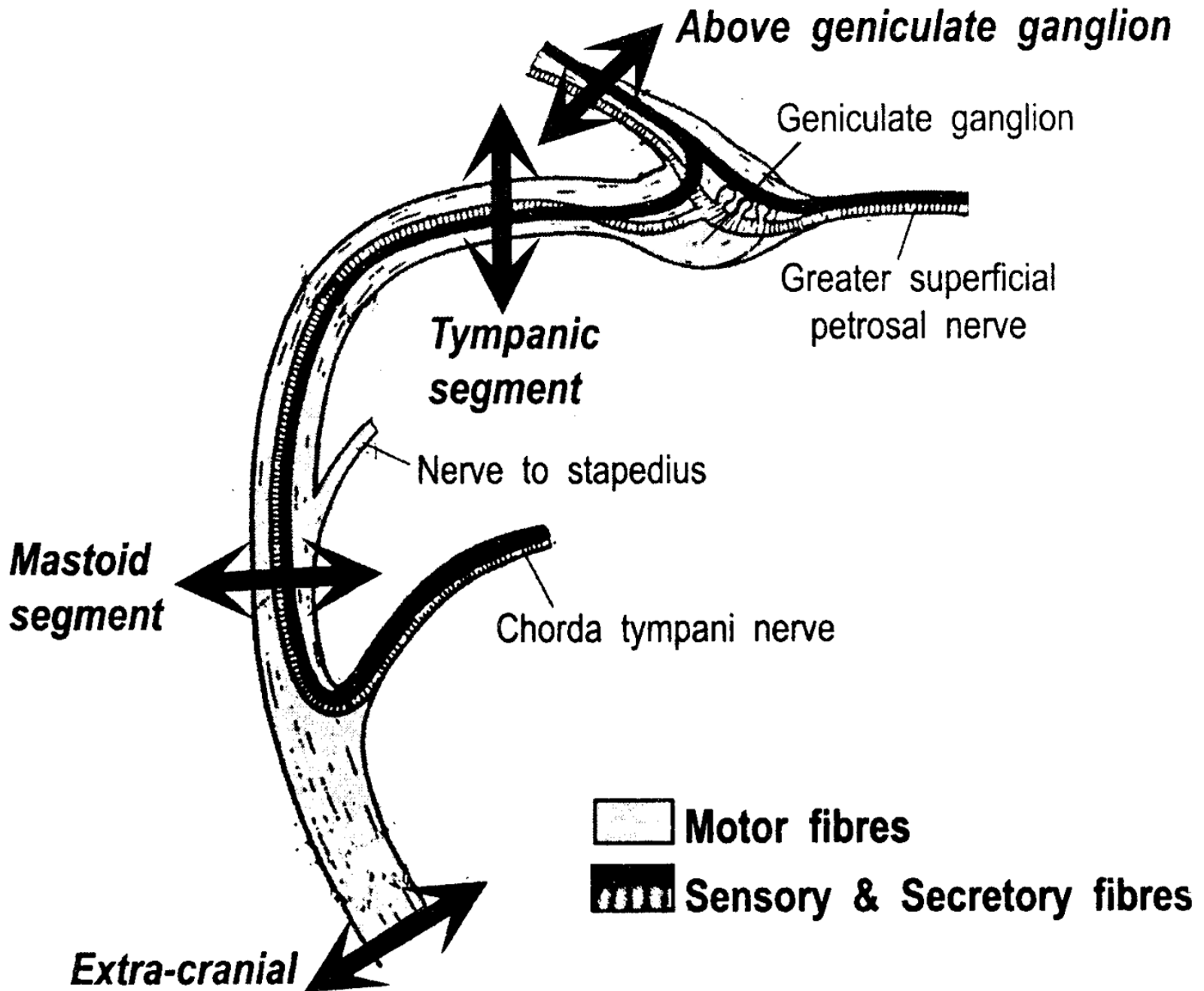
- 1. CT scan &MRI**
- 2. Angiography**
- 3. Biopsy: avoided?**

Treatment:

Surgical excision after embolization







Diffuse serous labyrinthitis

Definition

Accumulation of serous exudate in the membranous labyrinth

Symptoms

- Hearing loss and tinnitus
- Continuous spontaneous severe vertigo with nausea and vomiting

Signs

Signs of CSOM nystagmous

Investigations

- PTA..... Mixed hearing loss
- Electronytagmography..... nystagmous
- C&S for pus

Diffuse suppurative labyrinthitis

Definition

Accumulation of purulent exudate in the membranous labyrinth leading to destruction of its sensory cells

Symptoms

1. Hearing loss and tinnitus
2. Continuous spontaneous severe vertigo with nausea and vomiting

Signs

1. Signs of CSOM
2. nystagmous

Investigations

1. PTA..... Mixed hearing loss
2. Electronystagmography..... nystagmous
3. C&S for pus

Benign paroxysmal positional vertigo

Definition:

Recurrent transient attacks of vertigo in certain head positions

Incidence:

The commonest cause of vertigo

Aetiology:

Unknown

Clinical picture:

1. Recurrent sudden attacks of vertigo for seconds. They occur when the patient assumes certain head position as lying back or turning in bed
2. No hearing loss