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Case Report

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Unusual Case of Mastoid Osteoma

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Received Date: Oct 24, 2019; **Accepted Date:** Oct 28, 2019; **Published Date:** Oct 31, 2019

Introduction

We present a case of mastoid osteoma in a 31-year-old female patient who consulted us for a left retroauricular tumor that had a progressive growth from 8 years of evolution, previously diagnosed with Chiari malformation type I as an incidental finding on MRI.

Symptoms indicated only was by intermittent disturbances and aesthetic discomfort in the area of the tumor; no associated withotic history or hearing loss, earache, otorrhea, or dizziness.

Oto-endoscope examination was within normal limits, demonstrating a hard tumor in the left mastoid region, not painful, attached, of approximately 2x2 cm. Liminal tonal audiometry evidenced a normal hearing and a left mastoid bone homogeneouslesion was observed in the CT scan and MRI of the temporal bone with a density similar to bone one, no signs of aggressiveness and could correspond to an osteoma (Figure 1 and 2). A surgical excision of the lesion was later performed (Figure 3).

Discussion

Mastoid osteomas, like those of the rest of the body, are benign tumors, of slow growth, which fall within the forming tumors of bone [1]. This tumor has its highest incidence during the sixth decade of life and affects women more than men (ratio of 3:1) The most commonly reported location is in the frontal ethmoidal region [2,3]. In addition to being a rare bone tumor, temporal or occipital bone involvement is even more unusual with only 150 cases reported in the literature [4]. While its etiology is unknown, its incidence can be divided in syndromic and non-syndromic [5]. It may be related to osteoblastomas or simply a developmental abnormality.

This entity tends to be asymptomatic or present the symptoms of a retrauricular protrusion, painfulor of impact merely aesthetic, as in the case of our patient.

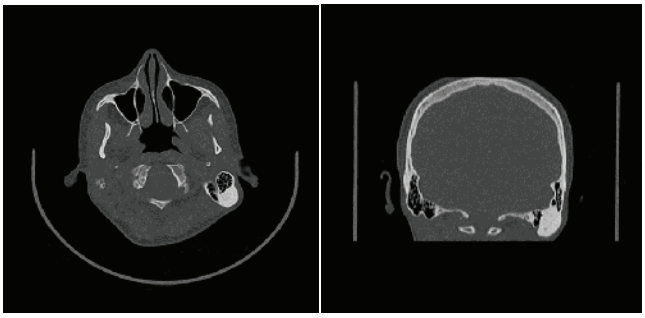

Figure 1: CT axial and coronal slides.

The CT, as the gold standard for diagnosis, demonstrates the existence of a single lesion of high density, with well-defined edges, and that does not cause sclerosis, erosion or bone rarefaction in the adjacent bone as a typical finding of a mastoid osteoma [6,7]. The main purpose of the imaging study is to rule out the invasion of the inner table of the calvarium and intracranial extension of the lesion [8,9].

The treatment is reserved for symptomatic cases or aesthetic purposes that need a surgical removal. Recurrence is rare and malignant transformation has not been reported [10].

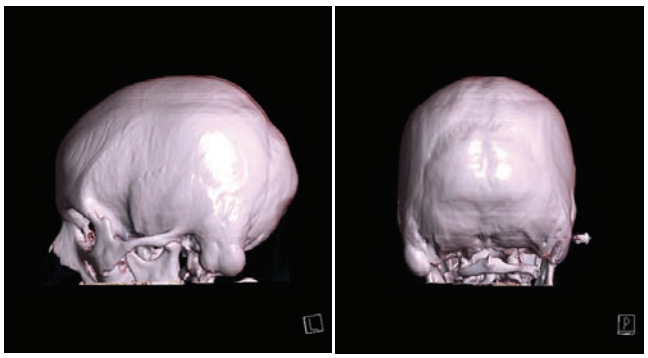

Figure 2: 3D Reconstructions.

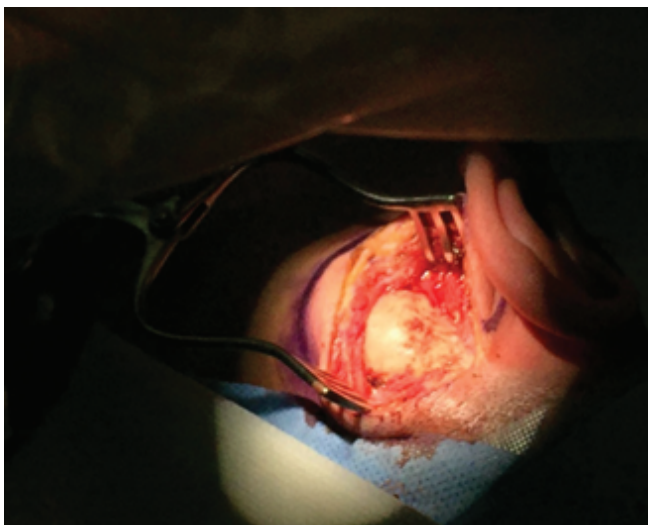

Figure 3: Intraoperativeimage of the osteoma retroauralapproach.

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