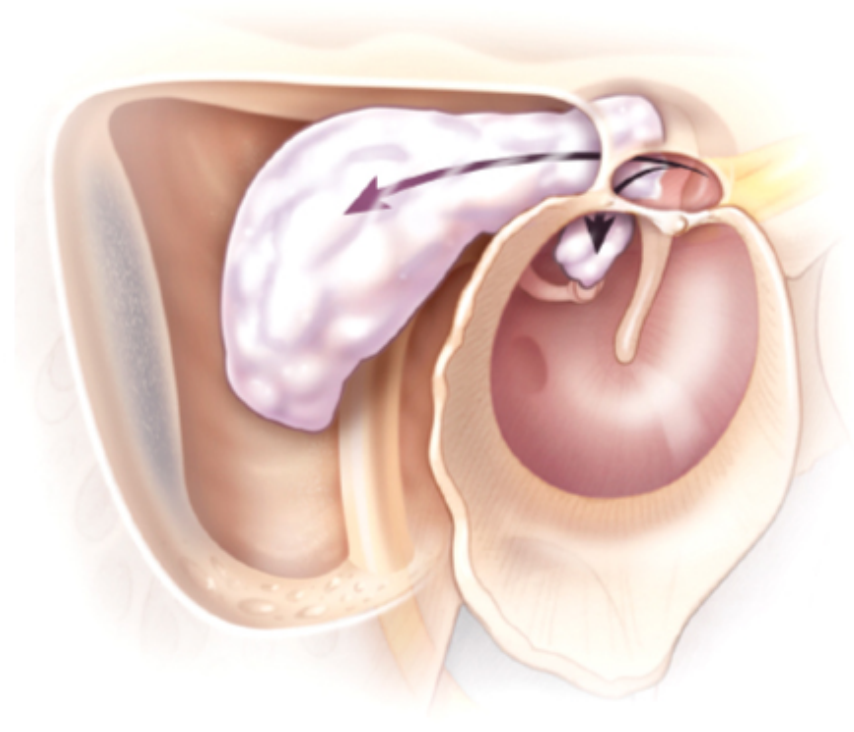
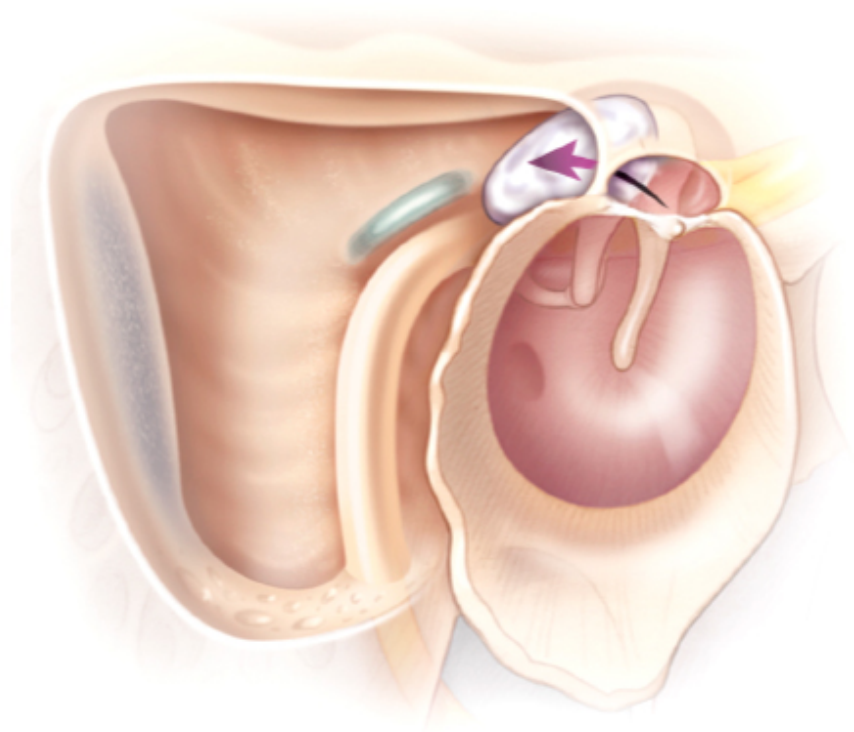


Looking After Mastoid Cavities

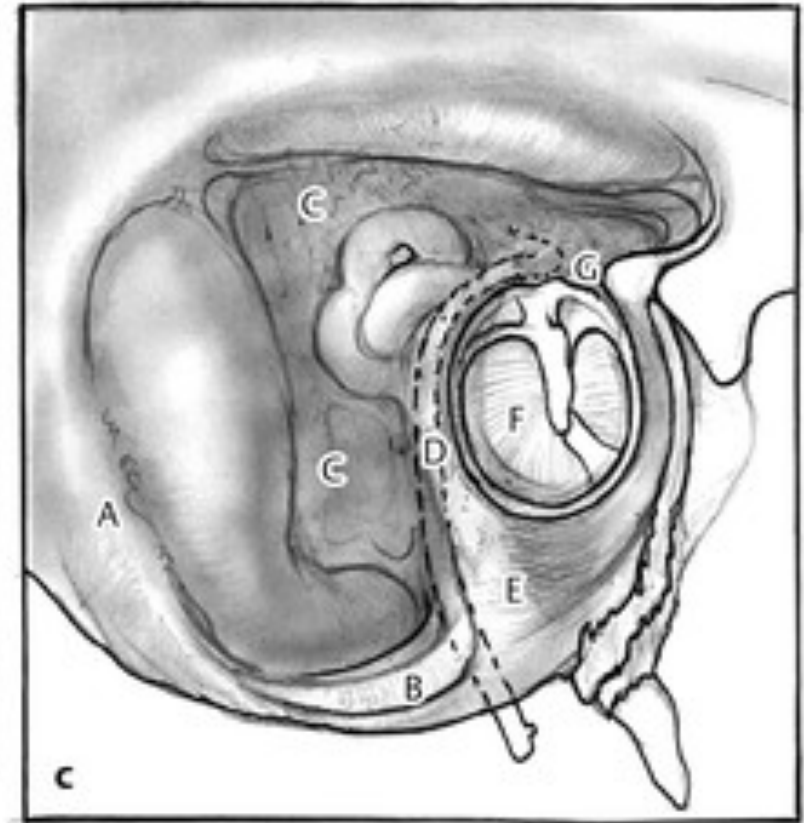
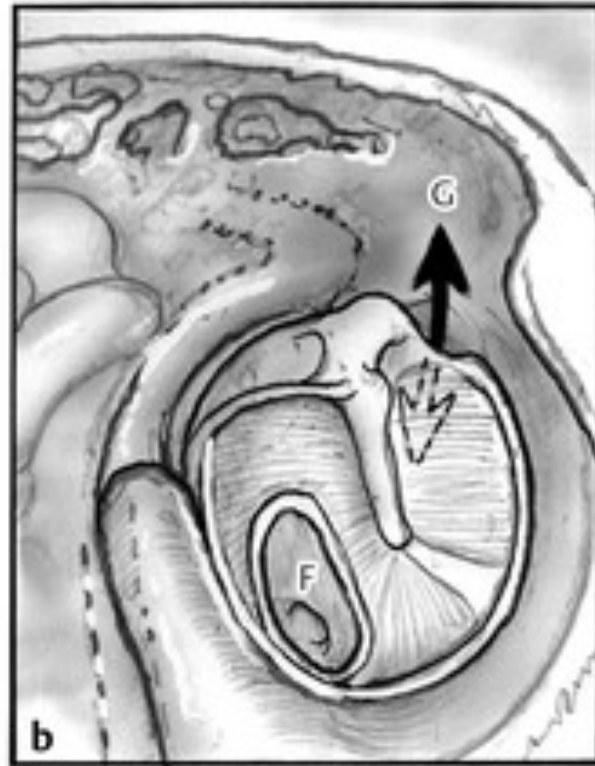
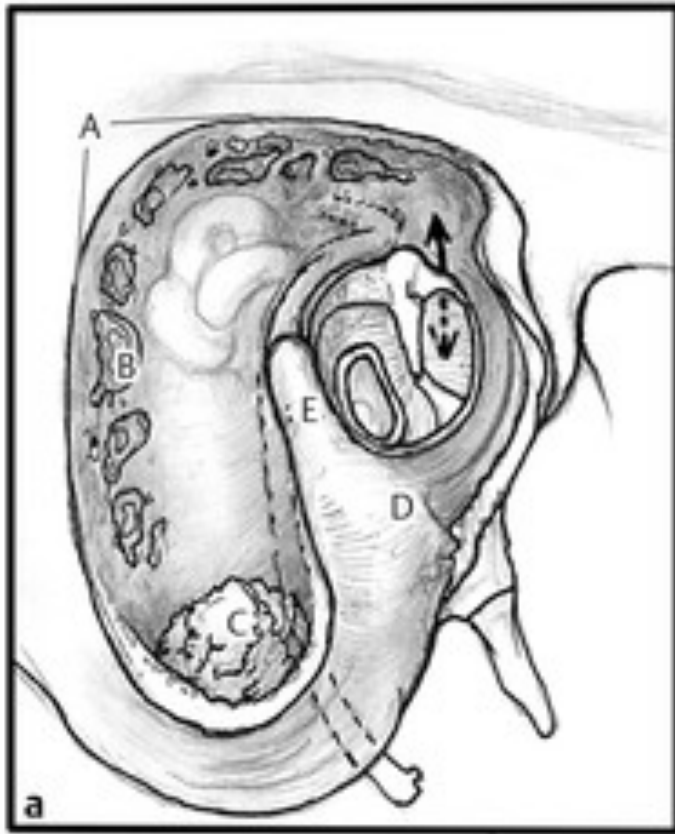
What are they?

- A mastoid cavity is formed when the bone overlying the mastoid is opened into the ear canal
- The commonest reason to have one is in the treatment of cholesteatoma
- Some are small, others very large
- Some are clean and others keep getting infected

Progression of a cholesteatoma



The posterior canal wall is removed to make a cavity that can be examined from the meatus

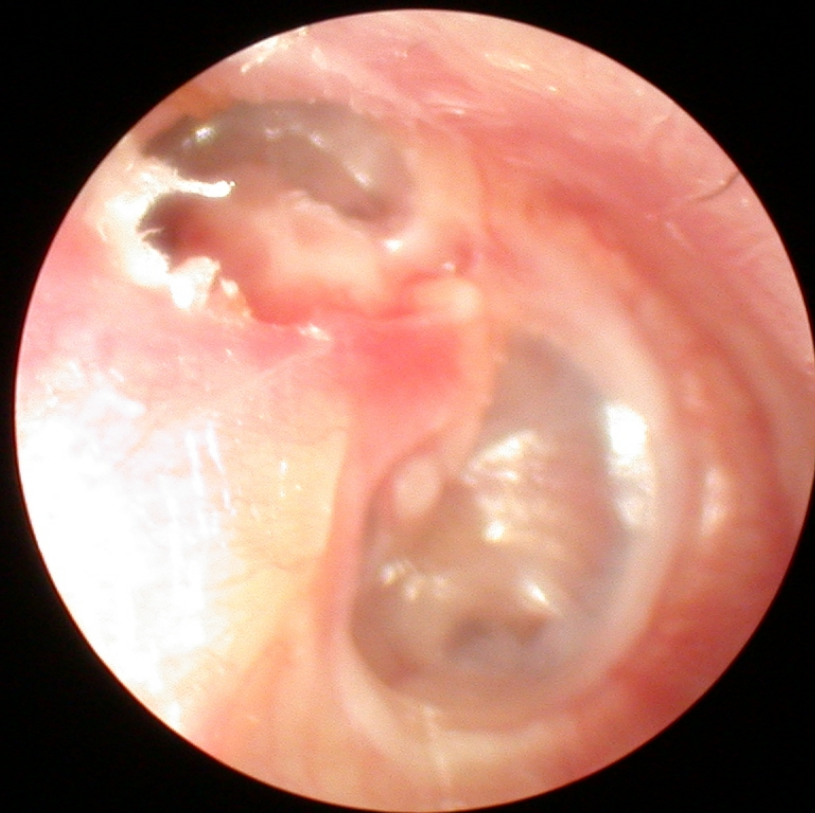


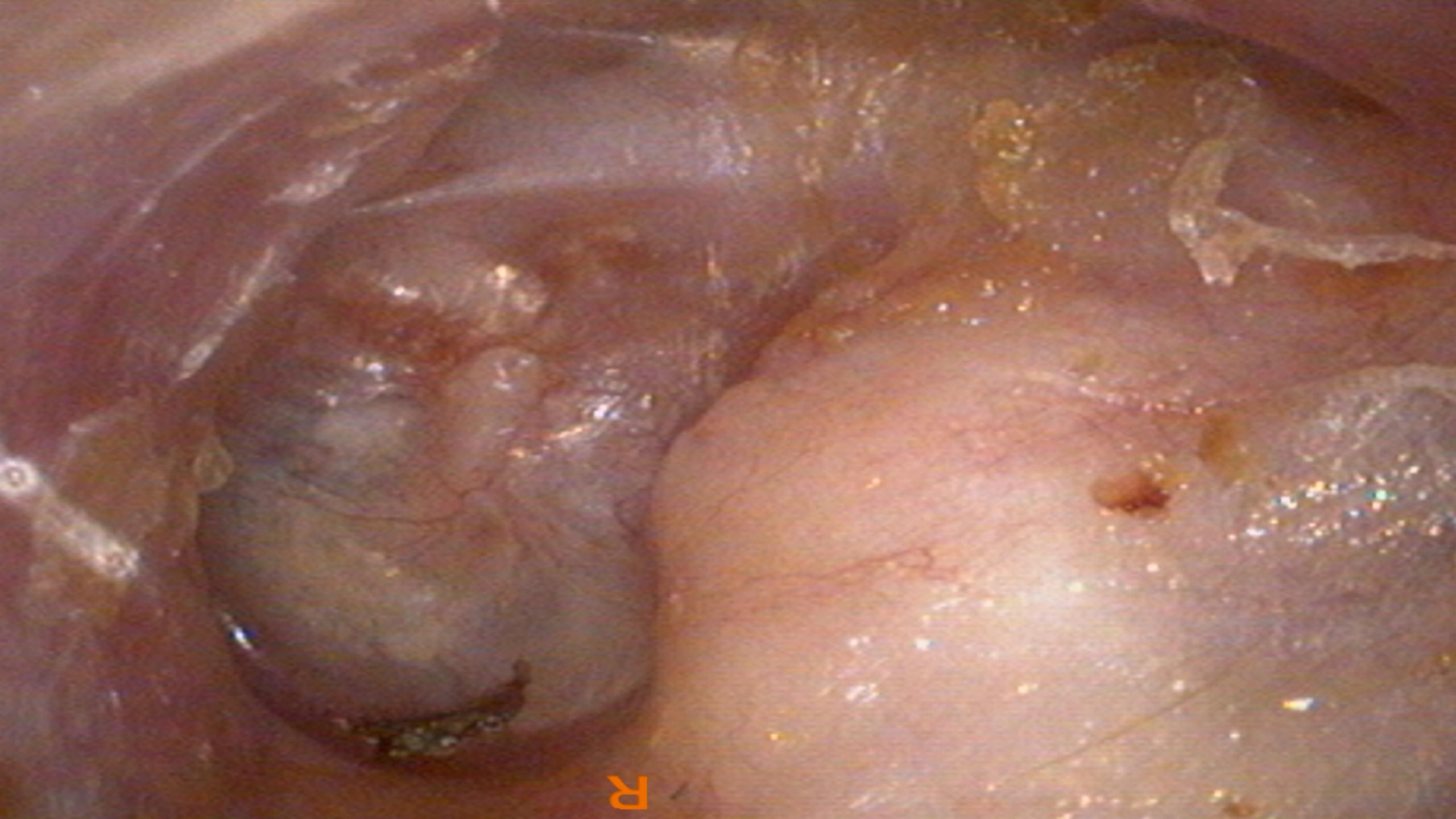
A meatoplasty is often made to help with cleaning the cavity and to help allow aeration of the cavity

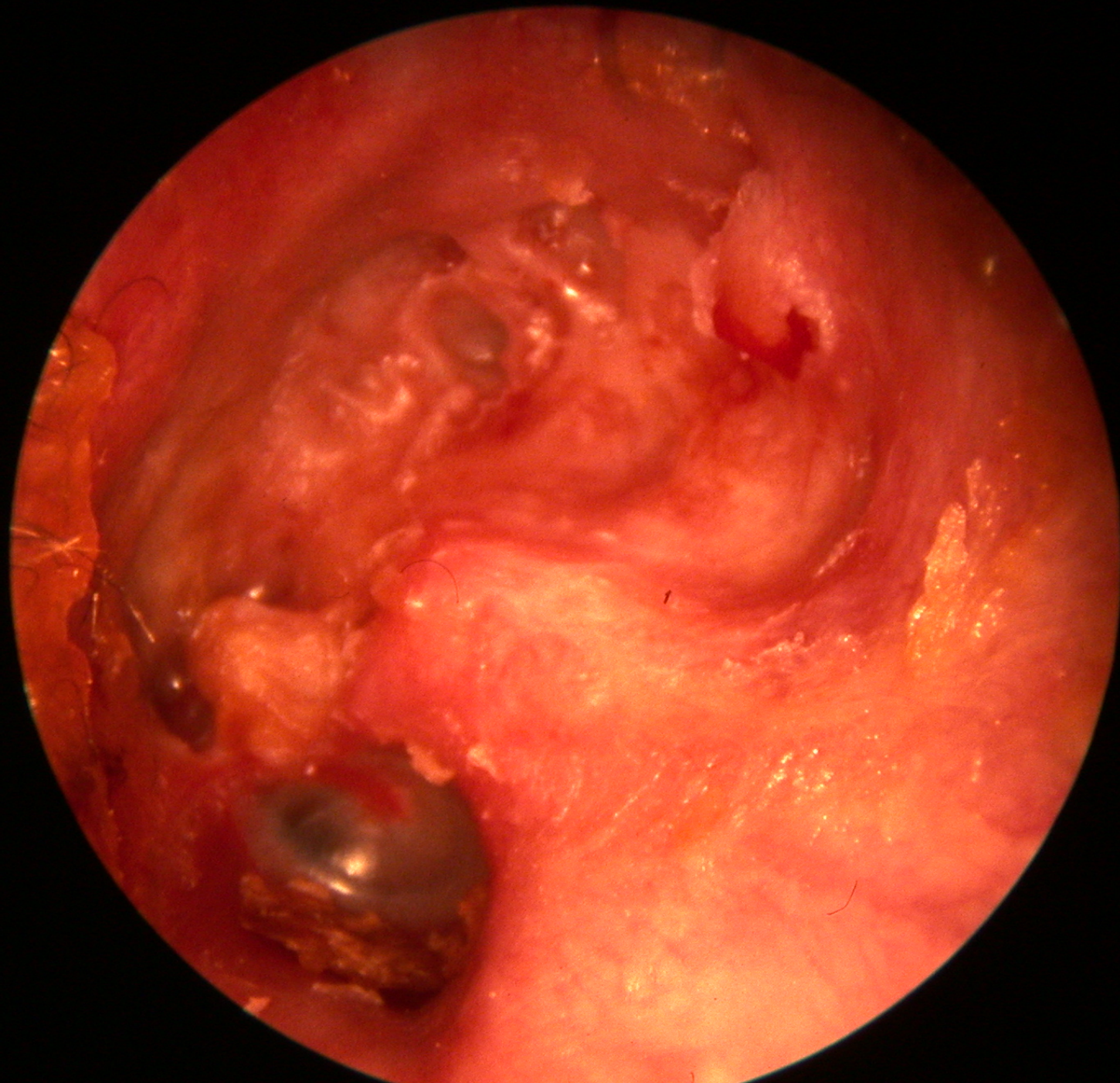




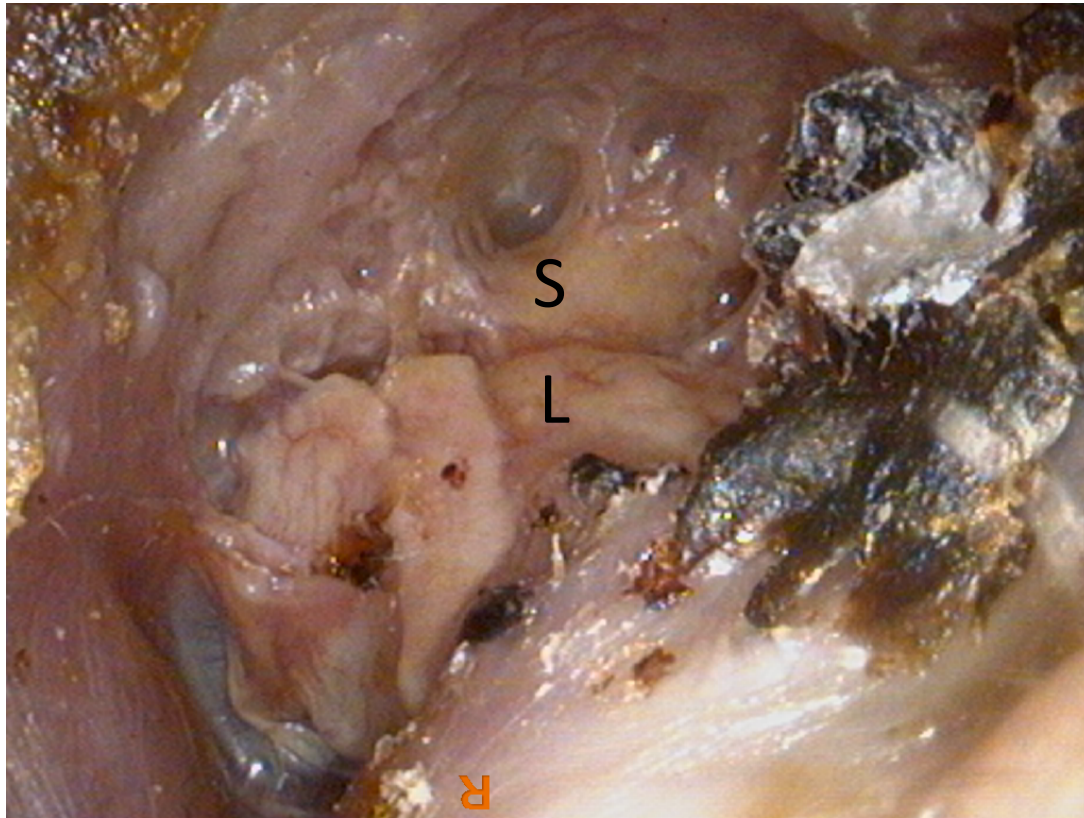
R



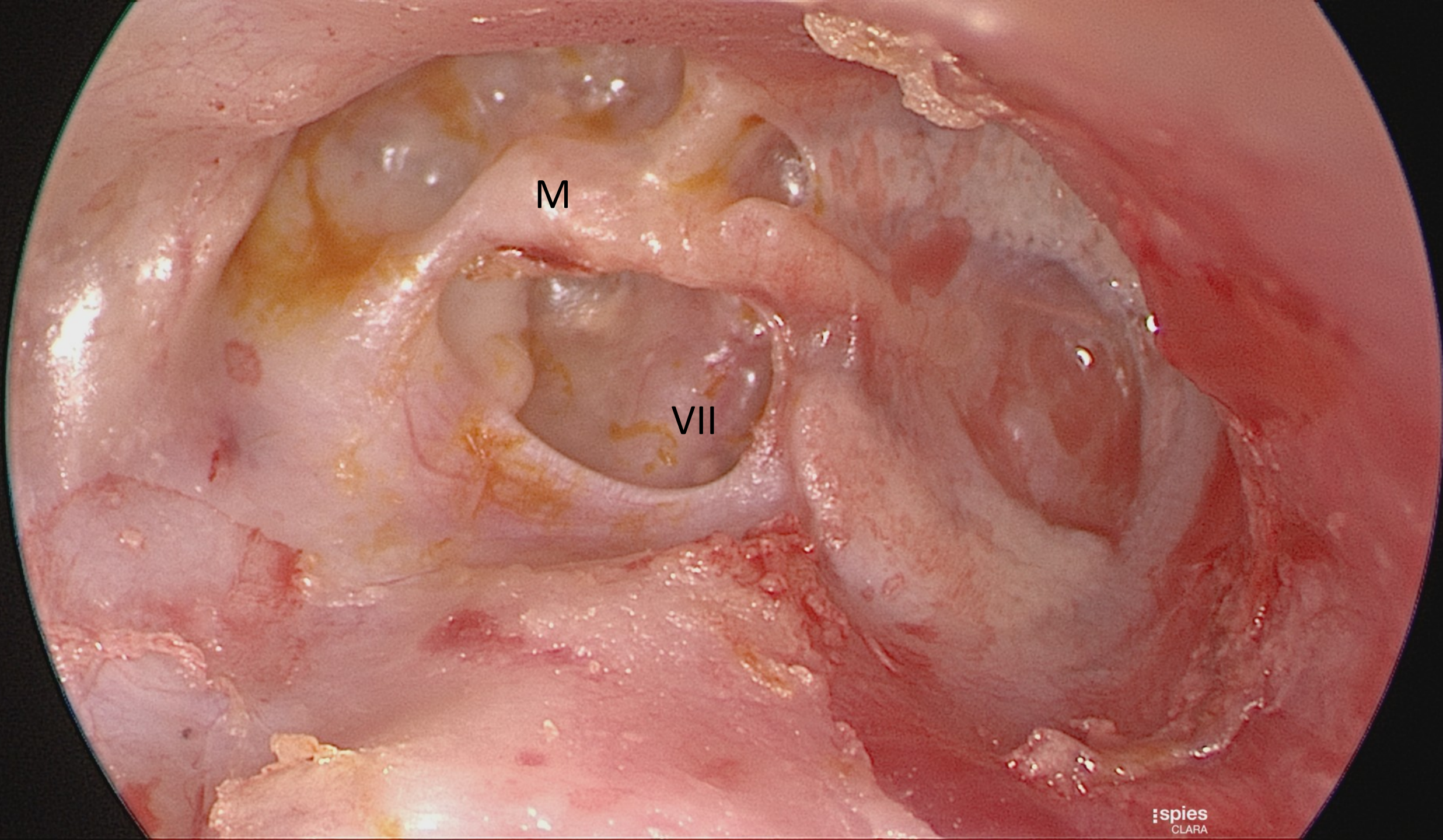




You can see some interesting anatomy in a mastoid cavity

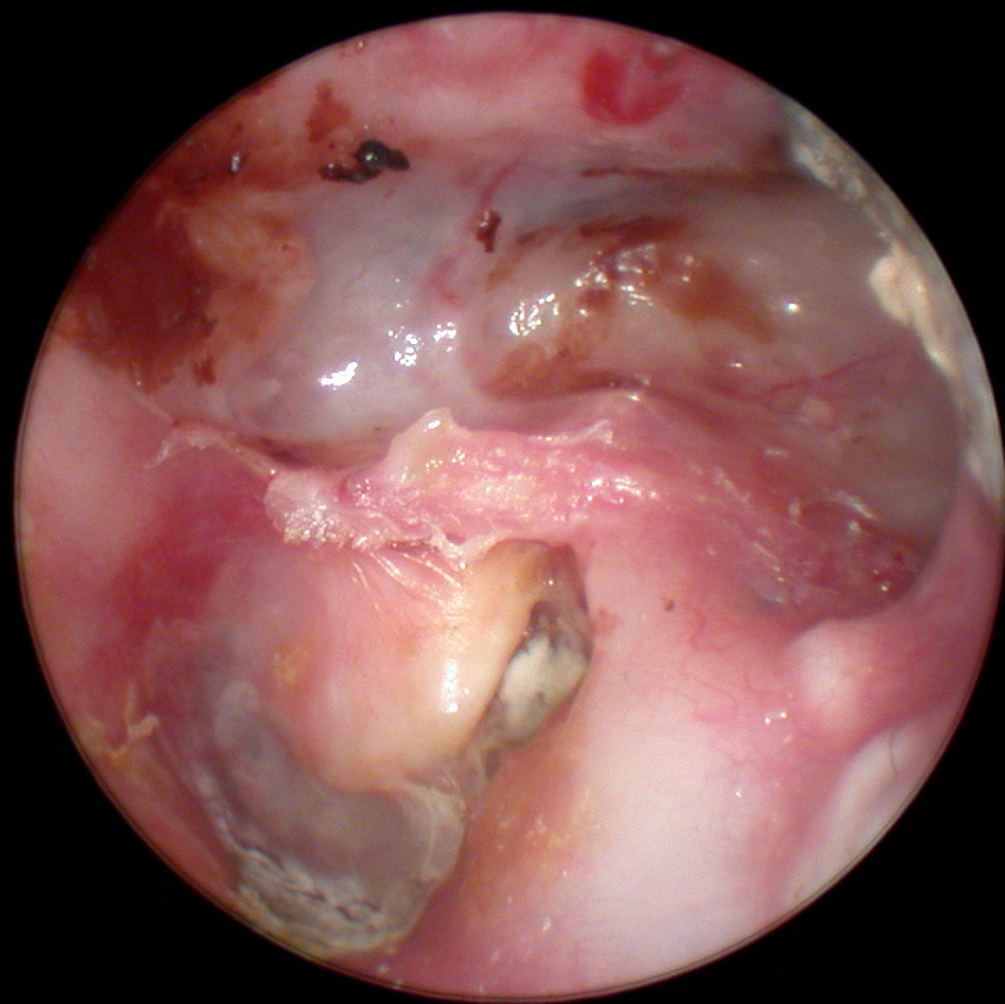


- This cavity shows the lateral (L) and superior (S) semicircular canals



M

VII



How to look after a mastoid cavity - patient

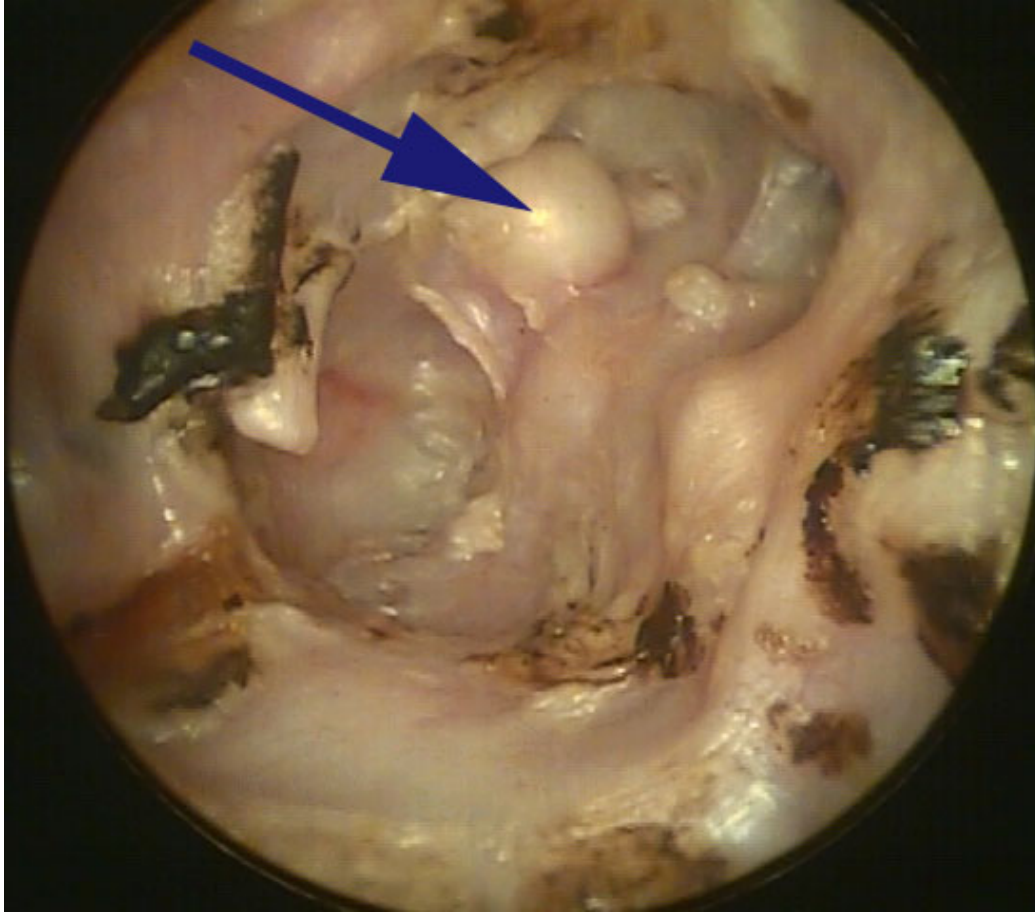
- Keep it dry
- Have it checked regularly

How to look after a mastoid cavity - AEC

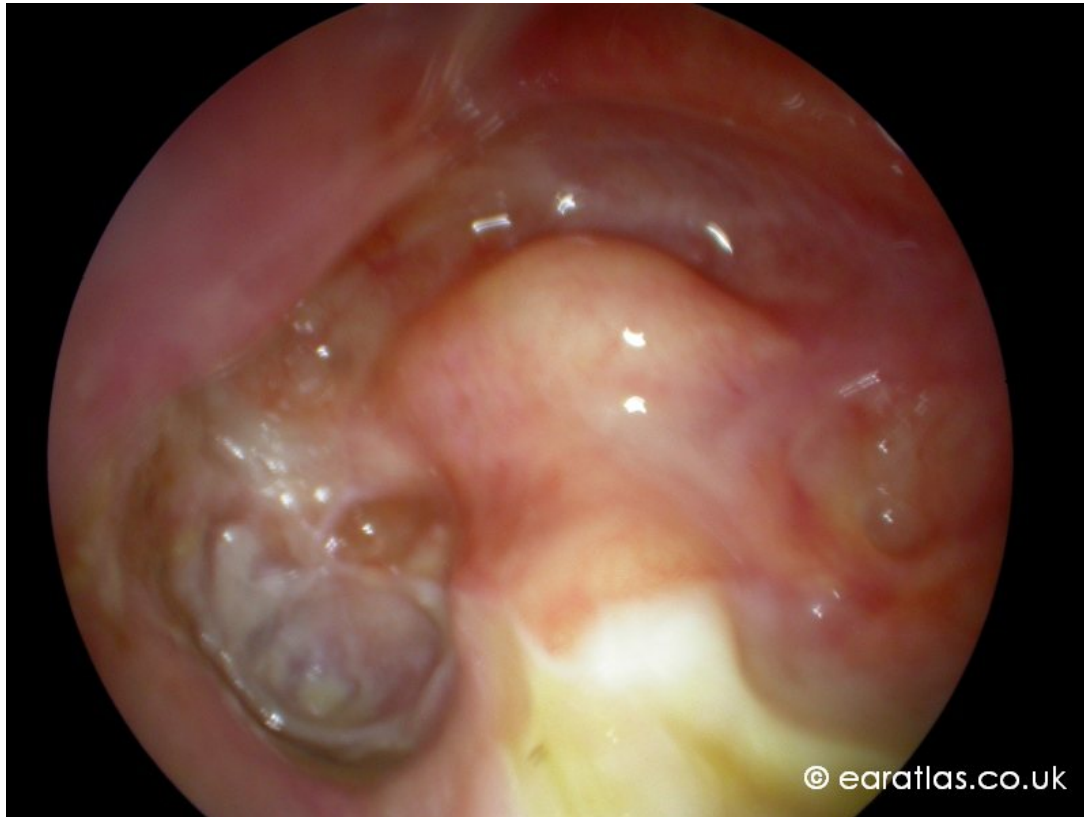
- Take a good history and examine the ear
- Carefully write down what you have found
- Clean the cavity with cotton wool or use suction under the microscope
- Always do a PTA before you start treating the ear
- You can use the same medications that you do for active mucosal otitis media if there is an infection present



- Fungal infection in the mastoid cavity.
 - Clean it all out
 - Treat as for otomycosis



- “Pearl”
 - This is a recurrence of cholesteatoma



- Wet cavity
- Difficult to treat
 - Dry mop often
 - Try topical ciprofloxacin

Warnings

- Cavities can be quite large so cleaning them takes time and care
- Patients can feel very dizzy when suction is used
 - If they do, stop using suction and change to using cotton wool
 - Have a quick look at their eyes to observe for the lateral beating nystagmus to the opposite side
 - Reassure the patient that the dizziness will not last long
 - Write it down in the notes so that you can prepare for next time
- Ototoxicity can occur just as with other ear cases so don't use neomycin or gentamicin unless there is an infection present. Only use for 7 days then look at the patient again.

More Warnings

- Sometimes the infection can not be cured
- Look for a new cholesteatoma or a perforation as these cause recurring infection
- Always assess their hearing before you start medical treatment
 - Clean the ear with cotton wool and do a PTA
- Hearing aids can encourage infection in the cavity and such patients may need more regular visits