

A dissertation submitted to the Faculty of Health Sciences, University of the Witwatersrand, Johannesburg, in partial fulfillment of the requirements for the degree Master of Medicine in Otorhinolaryngology.

TITLE: POST TRAUMATIC CHOLESTEATOMA: A 2 CASE STUDY

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DECLARATION

I, Dr Ashen Nanan, declare that this dissertation is my own work. It is being submitted for the degree of Master of Medicine in the branch of Otorhinolaryngology at the University of the Witwatersrand, Johannesburg. It has not been submitted before for any degree or examination of this or any other University.

.....

A. Nanan

3 day of January 2008

UNIVERSITY OF THE WITWATERSRAND, JOHANNESBURG

Division of the Deputy Registrar (Research)

HUMAN RESEARCH ETHICS COMMITTEE (MEDICAL)

R14/49 Nanani

CLEARANCE CERTIFICATE

PROTOCOL NUMBER M070622

PROJECT

Post Traumatic Cholesteatoma: A 2 Case Study

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DATE CONSIDERED

07.06.29

DECISION OF THE COMMITTEE*

APPROVED UNCONDITIONALLY

Unless otherwise specified this ethical clearance is valid for 5 years and may be renewed upon application.

DATE

07.07.02

CHAIRPERSON



(Professors PE Cleaton-Jones, A Dhali, M Vorster, C Feldman, A Woodiwiss)

*Guidelines for written 'informed consent' attached where applicable

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DECLARATION OF INVESTIGATOR(S)

To be completed in duplicate and **ONE COPY** returned to the Secretary at Room 10005, 10th Floor, Senate House, University.

I/We fully understand the conditions under which I am/we are authorized to carry out the abovementioned research and I/we guarantee to ensure compliance with these conditions. Should any departure to be contemplated from the research procedure as approved I/we undertake to resubmit the protocol to the Committee. **I agree to a completion of a yearly progress report.**

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ABSTRACT

Post traumatic cholesteatoma is a late but potentially lethal complication of trauma to the temporal bone. Patients may present with this complication between one to twenty five years, following the initial insult. Patients usually present with a hearing loss and foul smelling discharge from the ears. Imaging studies with a CT scan will confirm the clinical suspicion. The recommended management is a canal wall down mastoidectomy and total excision of the cholesteatoma sac.

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