INTRODUCTION

Papillomas are benign, however locally invasive tumors normally originated in the larynx and nasosinusal tract. These tumors can be described from their specific histological and morphologic characteristics. Recurrence is common if excision is inadequately performed. Tumors with similar histological and biological characteristics may occur as primary middle ears or areas outside the nasosinusal tract such as pharynx, lacrimal sac and middle ear. Middle ear and mastoid involvement is explained by two mechanisms: (1) direct extension from the nasosinusal cavity via the eustachian tube or (2) primary involvement of the middle ear secondary to metaplastic changes to the mucosal lining.

A 30-year-old woman chronic middle ear involvement. There are no estimates on the incidence of these lesions in this particular site and only a few reports in the literature. This paper aims to report a case of primary middle ear papilloma in a patient with no account of previous nasal disease who evolved to facial palsy. The patient underwent radical mastoidectomy and has been asymptomatic after six months of follow-up.

CASE REPORT

J.P.A., female, 27 years of age, Cauca- sian, born in Salvador, went to the otolaryn- gology service of the Professor Edgard Santos Hospital at the Federal University of Bahia complaining she has had persistent right-side otorrhea for the past 12 years associated to hypoaustic and ipsilateral hearing loss. Otalgia, otorrhea, and vertigo were not present. She evolved to total right-side facial palsy about 10 years ago, a condition still present at the time of evaluation. No alterations were found.

Middle ear papillomas (Figure 1) are benign epithelial tumors that involve the nasosinusal tract and may be grouped into three main categories: (1) inverted (endophytic), (2) cylindrical and (3) fungiform (exophytic). They may relapse when not properly treated. The case reported here, although none of their patients had history of chronic otitis media in agreement with the case reported here, although none of their patients presented facial palsy.

Primary differential diagnosis is done with middle ear adenoma. Differently from adenomas, papillomas are not a disease of glandular pattern, nor do they show the cytomorphologic characteristics seen in adenomas. Reactivity to immunohistochemistry with epithelial markers such as cytokeratin cannot differentiate papillomas from adenomas, as both are cytokeratin-negative. Therefore the tumor must be completely visualized and fully resected to thus mitigate recurrence.

The pathogenesis of papillomas remains controversial. Several authors have tried to correlate its etiology to tumor, viral, inflammatory, allergic, and environmental factors. Human papillomavirus (HPV) types 6 and 11 have been found in association with nasosinusal tract papilloma. Although no causal relationship has been established between the presence of HPV and the onset of papillomas, this is yet a possibility that requires strong consideration. It is more likely that the development of papillomas does not derive from single factor such as HPV infection, but rather from the confluence of several factors. Nasosinusal tract papillomas may propagare towards the middle ear via Eustachian tube. This is, however, a remote possibility, especially when there are no nasopharyngeal papillomas colonizing the Eustachian tube.

REFERENCES


Keywords: papilloma middle ear.