

# CLINICAL RECORD

## A CASE OF POST-AURICULAR SINUS

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THE patient is an ex-nurse, aged 36, who since the age of three months has had a discharging sinus beneath the left ear. At the age of three months she was exceedingly ill for a long time. Details of this illness cannot be obtained properly except that there was a discharge from the ear and from behind the ear, and that at times her life was despaired of. This sinus has discharged ever since, but recently there seems to have been some obstruction to the discharge and she has had swelling round the sinus and pain below her ear into her throat.

I saw her when she was in this condition, and noticed that in the throat there was a small swelling in the upper pole of the tonsillar fossa (she had had her tonsils removed some years ago elsewhere). On probing the sinus to the depth of one inch there was some slight blood-staining on the end of the probe and, when the patient inflated her cheeks, about one tablespoonful of thick purulent discharge came from the sinus. After this, the swelling in the throat disappeared. The pus contained streptococcus viridans in pure culture.

The left middle ear and hearing in this ear were normal, and it seemed to me that this condition with the above history might be due to an old mastoid infection with a pharyngeal extension still unresolved. I have injected the sinus with Lipiodol and have taken X-ray plates. The mastoid cells on X-ray appear quite normal and the sinus appears by stereoscopy just to avoid the mastoid process. This may be in favour of a developmental origin, and the possibility of it being a branchial fistula with the opening rather high in the neck must be considered. It is not unknown for a branchial fistula to open into the floor of the meatus and this might have originally been the case and might account for the aural discharge.

The question of treatment was a very difficult one. Dissection from the outside was fraught with difficulties and the attempt to obliterate the track would probably be more easily achieved if it were approached from the pharyngeal end. In any case it would not be an easy matter as the track was not a straight one and a probe placed in the sinus showed with the aid of a stereoscopic X-ray that there was an acute bend just before the tonsil was reached. There is, of course, the alternative of leaving the condition alone, but as it is causing considerable discomfort and there is the possibility of an added infection, some operative treatment is probably advisable.



The Sinus injected with Lipiodol

