

UNIVERSIDADE DE SÃO PAULO  
HOSPITAL DE REABILITAÇÃO DE ANOMALIAS CRANIOFACIAIS

GUILHERME TRINDADE BATISTÃO

**Manejo do colesteatoma adquirido em indivíduos com  
fissura palatina: uma experiência institucional**

**Management of acquired cholesteatoma in patients with  
cleft palate: an institutional experience**

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## RESUMO

Esta revisão retrospectiva de prontuários inclui 97 pacientes com anomalias craniofaciais e colesteatoma adquirido em 118 orelhas comprovado através do exame anatomopatológico. Os dados foram coletados dos prontuários médicos entre os anos de 1994 e 2018. O estudo teve como objetivo primário identificar e descrever o tratamento cirúrgico do colesteatoma em pacientes com anomalias craniofaciais e fenda labial/palatina, e analisar a experiência institucional. O objetivo secundário foi identificar e descrever o perfil epidemiológico dos pacientes estudados. A primeira cirurgia realizada em 76 das 118 orelhas (64,4%) foi a mastoidectomia cavidade fechada/*Wall up* (CWU), enquanto 42 das 118 orelhas (35,6%) receberam a técnica de mastoidectomia cavidade aberta/*Wall down* (CWD). Durante o período de acompanhamento desses pacientes, que variou de 2 a 29 anos, com uma média de 13,4 anos ( $\pm 5,88$ ), 77 CWU (38,9%) e 121 CWD (61,1%) foram realizadas. Isso elevou o total para 198 cirurgias de mastoidectomia em 118 orelhas de 97 pacientes. Das 77 mastoidectomias CWU, 65 (84,4%) apresentaram recorrência do colesteatoma. No seguimento das mastoidectomias cavidade aberta, houve novas abordagens cirúrgicas em 15 dos 121 procedimentos (12,3%), com 6 pacientes (4,9%) apresentando recidivas de colesteatoma anatomopatologicamente comprovadas e 9 (7,4%) que foram abordados cirurgicamente por instabilidade clínica, para limpeza da cavidade sem identificação de recorrência da doença. As mastoidectomias cavidade aberta como primeiro procedimento apresentaram uma taxa de 1,1 procedimentos realizados por orelha, enquanto que nas cirurgias que iniciaram seu tratamento pela mastoidectomia cavidade fechada a taxa foi de 1,8 procedimentos por orelha. A abordagem precoce com técnicas de mastoidectomias cavidade aberta clássicas / modificada, guiadas por critérios específicos de indicação, pode ser mais resolutiva, impedir múltiplos procedimentos e preservar a via óssea para facilitar possíveis reabilitações auditivas futuras nesses pacientes.

Palavras-chave: Fissura palatina. Colesteatoma. Mastoidectomia.

## ABSTRACT

### **Management of acquired cholesteatoma in patients with cleft palate: an institutional experience**

This retrospective review of medical records includes 97 patients with craniofacial abnormalities and acquired cholesteatoma confirmed with anatomopathology exams in 118 ears. The reported data were collected from medical records between 1994 and 2018. The primary objective of this study was to identify and to describe the surgical treatment of cholesteatoma in patients with craniofacial abnormalities, cleft lip / palate, and analyze the institutional experience. The secondary objective was to identify and describe the epidemiological profile of the patients studied. The first surgery performed in 76 of the 118 ears (64.4%) was the *Wall up* mastoidectomy (CWU), while 42 of the 118 ears (35.6%) received the *wall down* technique (CWD). During the follow-up period of these patients, which ranged from 2 to 29 years, with a mean of 13.4 years ( $\pm$  5.88), 77 CWU mastoidectomies (38.9%) and 121 CWD (61.1%). This brought the total to 198 mastoidectomy surgeries in 118 ears of 97 patients. Of the CWU mastoidectomies, 65 of the 77 (84.4%) had cholesteatoma recurrence. Following CWD mastoidectomies, there were new surgical approaches in 15 of 121 procedures (12.3%), with 6 patients (4.9%) presenting anatomopathologically proven cholesteatoma recurrences and 9 (7.4%) with clinical instability for cleaning of the cavity without identification of disease recurrence. The CWD as the first procedure presented a rate of 1.1 procedures performed per ear, while in surgeries that started its treatment by CWU the rate was 1.8 procedures per ear. The early approach with classic / modified CWD techniques, guided by specific indication criteria, can be more resolute, prevent multiple procedures and preserve the bone pathway to facilitate possible future hearing rehabilitation in these patients.

Keywords: Cleft palate. Cholesteatoma. Mastoidectomy.

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