Clinical Efficacy and Prognosis of Surgical Treatment of External Ear Canal Cholays

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Abstract: External Auditory Canal Cholesteatoma, EACC is one of the relatively common diseases of the ear, lacks specificity, high clinical misdiagnosis, requires other diseases. The author reviewed the relevant literature at home and abroad, review the research status of EACC's pathogenesis, clinical manifestations, imaging characteristics, clinical stages, treatment and prognosis, etc.

1. Introduction

External AudiTory Canal Choles-Teatoma, EACC is an external ear disease caused by the exterior of the outer heel crystal of cholesterol crystals, and reported the first report in 1850, but it is not until 1980. It is pointed out that the feature of EACC is a partial region of the squamous tissue invaded the outer earbone erosion to accurately separate it separately from other diseases. This paper reviews the research status of EACC's pathogenesis, clinical manifestation, clinical staging, treatment, prognosis, etc. EACC epidemiological characteristics EACC's incidence of 0.1% to 0.5% of the patients with the Isolated onroxopeng first diagnosis, the incidence of incidence is less ill, and the clinical misdiagnosis is high, and even 69.23%, the current case is more Single-ear disease, good people are middle-aged and elderly people, but there are also literature reports that they are not low in adolescents and young children, accounting for 44.1% in 20 years old. This article focuses on the characteristics of adult EACC.

2. Pathogenesis and Etiology Classification

2.1 Pathogenesis

EACC pathogenesis is still unclear. Early experiment showed that the peripheral rotation rate of EACC patients was significantly lower than that of normal ear, and even without movement. Based on this speculation that EACC was deleted from the outer ear canal wall migration capabilities caused by peeled epithelial cell accumulation. However, some scholars repeated experiments show that EACC patients had no obvious abnormalities with normal people. Some scholars found that epidermis growth factor (EGFR) and transformed growth factor (TGF-β) were excessively expressed in EACC patients compared to normal auditory skin, which means that EACC external auditory canal is overproduced. NAIM et al. Proposes that the vascular endothelial growth factor induced microvascular lesions under hypoxia conditions causes another hypothesis of EACC. But in general, EACC mechanisms still need further research.

2.2 Classification of Etiology

The most classic etiology classification was proposed by Holt et al., As it was divided into five categories: trauma (including post-surgical and trauma), external auditory surgery tumor or osteoma obstruction, spontaneous sex. Since then, surround spontaneous diseases, continuous case reports may be caused. There is a literature to infer the external auditory surface of the first residual patient to fall off to the skin, which can be lackled under subcutaneous hemoma. Any disease in which scholars inferior to the outer heroes can be potential spontaneous pathogens, and the osteoporus osteoporus can become fragile and easier to form EACC using cortical steroid therapy. Patrick Dubach first

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passes data analysis to verify smoking, which can cause spontaneous EACC, which is inferred that the microvascular lesions caused by smoking. Some scholars believe that age-related epithelial migration and gland aging can result in spontaneous gallbladis. Most of the literature inferred that EACC is related to recurrent micro-trauma (such as using cotton head applicators, hearing aids). Blood dialysis patients, diabetes can have a nephonular dystrophy and a local vascular microvascular lesion of the hemodialysis of the tympanic epidermal and external auditory hemodialysis. At the same time, blood dialysis patients often use cotton swabs to scrape out of the ear canal, which makes blood dialysis into EACC's high risk of EACC Cause. For the EACC classification caused by micro trauma, there are current controversies, some scholars believe that the microsuric injury should be classified as a spontaneous, but some people think that the micro-loss is absolutely “trauma”, and the cases caused by micro-loss should be considered secondary. EACC.

2.3 Pathogenesis

The pathogenesis process can be summarized as: the early stage EACC is formed without bone damage, with the increase of cholate tumor to damage the osteophytes, and invade the mass of the mass, the patches and even temporal structures. At present, the EACC destroying the bone mechanism is temporarily unclear, and it is inferred that the neutral cholesoma is similar, that is, EACC directly presses the bone, producing a variety of inflammatory factors and proteolytic enzymes, causing bone dehydration, dissolution, absorption, and destruction. . For EACC's large number of outer earbone walls, each family is not: reported that adult patient bone wall destruction is more common, but there is also a report of the lower wall, and the backbone destruction is very common. There are two kinds of cholate tumor infringement: one is a cholatoma compression tympanic membrane relaxation, and the drumroom and drums are invaded; the second is the back wall of the lateral hemovation of the outer ear canal, into the mastoid, and the drum Wait.

3. Discussion

EACC only accounts for 0.1% to 0.5% of the earmint disease, but once, surgery is often required. Congenital EACC is extremely rare, and most of the majority is obtained in the day after tomorrow. At present, clinical reports on EACC are concentrated in surgery staging and processing. NAIM et al. According to pathological changes, EACC is divided into super-epithelial transdermalization, external auditory bone inflammation, external earbone infringement and infringement of external ear canal adjacent structures. With the widespread application of temporal CT, the surgeon can make more accurate understanding and staging of EACC before surgery. SHIN et al. Combined with temporal CT according to EACC's lesion and the peripheral structure destructive, the disease is divided into four phases, and is widely used in discussing surgery. II is more simple, mainly the cleaning of external ear canal lesions. II diagnosis needs to perform typological exploration, decide whether to listen to bone reconstruction and ear canal according to the range of cholate damage. III Dynamic changes often destroyed more extensive, with an open maston root treatment + eclip art formation. However, therefore, therefore, therefore, there is more than a larger condition chamber, and scholars have proposed different ways of narrowing the surgical chamber. The IV stage disease is mostly in front of the front and jaw joints, and the repair of joint capsules is required during surgery. No matter what periodic lesion, the thorough removal of chondashioma is the key to prevent recurrence. After EACC, the ear can has a certain narrow or latching rate, but the incidence is low, and some scholars have found this phenomenon in follow-up, but only 1 ~ 3 cases [6, 8, 10-13], no More in-depth analysis of external audio stenosis or latching in the article [14]. In this study, 5 cases had 5 cases in the outer court. 5 patients in our hospital were lower than 230 cases of EACC surgery in nearly 9 years (2.17%). Thanks to these 10 surgical materials, we can retrospectively analyze the narrow or latching retroction of the external auditory cholate. First, eight patients had an average 29.25 years old and ± 17.1 years. Compared with the literature reports, this group of cases is mainly middle-aged patients, or even children. Generally, the external auditors are more common in two cases. The first case is that the outer heurobacterial portion is damaged by the cholate, and the outer heuro skin skin is inflammatory to stimulate the scar hyperplasia; the second case is that the outer

heurobacital partial bone hyperplasia leads to narrow Skin is inflammatory hyperplasia change. It is found that the ear canal is more common in the first case; in the second case, in 3 cases of teen patients, 2 cases have obvious ear canal hyperplasia, which is the main factor of stenosis, and 1 case For the ear canal hyperplasia with soft bone hyperplasia, together with the ear canal. Compared to middle-aged patients, youth or children's patients with skin soft tissue, and bone growth is more strong. Therefore, it can be speculated that after EACC in patients, the old patients may be high compared to the old patient. Second, eight patients, 6 men, 2 women. Male 's phenomenon is similar to that of the previous report, possibly related to male patients with gland secretion, or may be poor in hygiene habits in male patients.

In summary, there is a certain restenosis rate after EACC. The surgery should be thoroughly cleaned, focusing on the remodeling of the surgical chamber, preventing the recurrence of cholestea; for a serious case of skin defect, appropriate planting is necessary; young patients are more active in the expansion of osteogeneity and leather .

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