Title: Mastoid abscess with facial palsy and oligohydramnios - a case of neglect

Abstract

A 26 year old primigravida female presented to ENT opd with complaint of a painful swelling behind her right ear and fever for the past ten days. She also complained of right side facial asymmetry for the past 3 days. She has history of foul smelling right ear discharge from childhood for which she did not take any regular treatment except putting ear drops or occasional use of antibiotics from her local practitioner. She was 29 weeks pregnant and complained of perception of decreased fetal movements from past one week. On examination she was febrile but stable. Diffuse Postauricular swelling around 3x4 cm was present behind right ear obliterating right postauricular groove. It was tender and fluctuant. Ear examination revealed right side atticoantral disease with cholesteatoma flakes. She had right side lower motor neuron gr 4 facial palsy. She was admitted and started on intravenous ceftazidime and metronidazole. Incision and drainage of postauricular abscess was done under local anaesthesia and around 10 ml pus was drained and sent for culture sensitivity which showed no bacterial growth (Fig 1). Her facial palsy improved to grade 2 after 48 hours (Fig 2). USG abdomen revealed severe oligohydramnios and equinovarous deformity.

She was admitted for 5 days during which twice daily dressing of postauricular abscess was done and regular suctioning of ear discharge followed by antibiotic ear drops. After 5 days her postauricular swelling had completely subsided and ear discharge was much less and she was discharged on request. Due to family pressure she refused and gynaecological consultation.

Ultimate treatment of atticostal disease with such complications is modified radical mastoidectomy after 3 weeks of incision and drainage. But since such a long duration of surgery carries some risks to the mother and fetus, conservative treatment was done in this patient. On follow up she still had grade 2 facial palsy and advised frequent ear cleaning and use of ear drops and was counselled about MRM after delivery.

Since she denied any gynaecological examination or intervention we cannot confirm that oligohydramnios was caused due to mastoid abscess but it is a known fact that any persistent infection in a pregnant female can lead to oligohydramnios. She had long neglected her ear disease which lead to facial palsy probably due to erosion of fallopian canal and also lead to pregnancy complications.