Discussion

In cases of otitis media with mastoiditis caused by Morbus Wegener the surgical treatment has limited success. The medical therapy has best results in those patients. On the other hand medications have serious side effects and wrong “ex juvabantus” therapy would be very harmful for the patient.

The question whether the middle ear mucosa is also part of the upper respiratory tract is very important, because the Rheumatology guidelines have as a criteria for Morbus Wegener upper respiratory tract granulomatosis. Case 2 would have had 1 sure criteria. The collaboration between the ENT and Rheumatology is of extreme importance.

Case 2 had no sure sign for Morbus Wegener. A “ex juvabantus therapy has very serious side effects. On the other hand the intracranial complication was possible complication. Morbus Wegener affects respiratory system. Part of the tympanic mucosa is said to be respiratory but not mentioned in rheumatology guidelines.

Introduction

Morbus Wegener is a necrotic vasculitis that involves the small and middle large vessels with ulcerative granulomes of the respiratory tract (nose and paranasal cavities, middle ear, oropharynx, lungs) and the kidney (in about 80%). It is uncommon disease (about 3/100 000). Its isolated otolaryngology manifestation is uncommon for this disease.

The two cases are with similar initial clinical manifestation (purulent ear discharge, mastoiditis and periferal facial nerve palsy), but completely different laboratory and pathological presentation. The early diagnosis and treatment is of great importance for the late prognosis of Morbus Wegener.

The diagnosis is made according to the criteria of the Rheumatology Guidelines

1) Nasal or oral inflammation
Development of painful or painless oral ulcers or purulent or bloody nasal discharge
2) Abnormal chest radiograph
Chest radiograph showing the presence of nodules, fixed infiltrates, or cavities
3) Urinary sediment
Microhemituria (>5 red blood cells per high power field) or red cell casts in urine sediment
4) Granulomatous inflammation on biopsy
Histologic changes showing granulomatous inflammation within the wall of an artery or in the perivascular or extravascular area (artery or arteriole)

* For purposes of classification, a patient shall be said to have Wegener’s granulomatosis if at least 2 of these 4 criteria are present. The presence of any 2 or more criteria yields a sensitivity of 88.2% and a specificity of 92.0%.

Case report (two cases)

Case 2

Anamnesis: A 32 years old male patient with decreased hearing in the left ear, followed by drainage, facial nerve palsy (ispilateral) and very strong headache. The whole symptomatic (from the initial symptoms to the facial nerve palsy and the headache) made its progression within 12 days.