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ORL PÉDIATRIQUE

Juvenile Xanthogranuloma: A Case of Unusual Location on the External Auditory Canal

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A 7-year-old boy presented with a 6-month history of a progressively growing mass in the external auditory canal of the left ear. The mass caused occasional pain but did not result in hearing loss complaints, otorrhea or otorrhagia episodes.

Fig.1

A firm, non-tender, pedunculated lesion under 1 cm was observed on the inferior wall of the external auditory canal (Fig. 1). The tympanic membrane was normal.

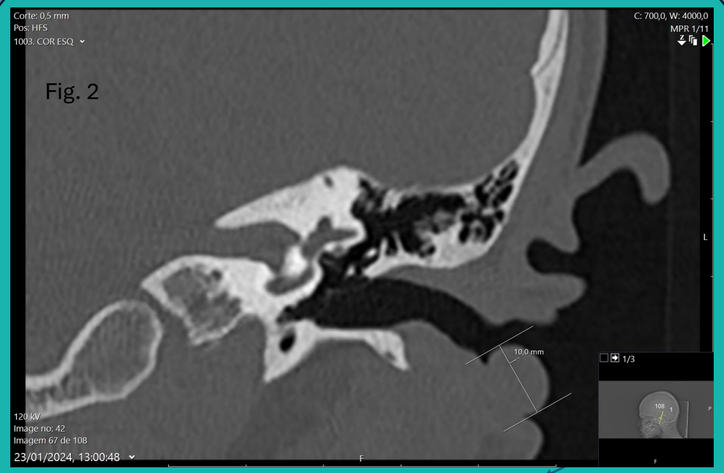

Fig. 2

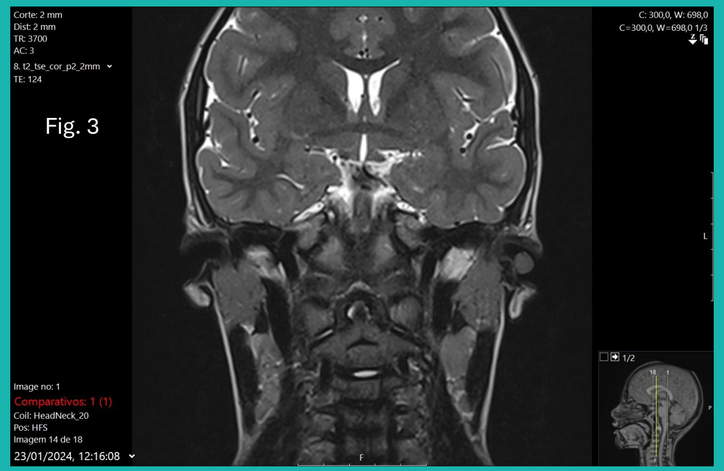

Fig. 3

Imaging studies (Fig. 2-3) revealed well-defined, regular-contoured 10 mm lesion without bone erosion or involvement of adjacent structures, suggesting a benign etiology.

A transcanal approach was used to surgically remove the lesion, which was later confirmed as **juvenile xanthogranuloma** through pathology. The child recovered remarkably well and showed no signs of recurrence at the six-month follow-up.

Discussion

Juvenile xanthogranulomas are rare, benign lesions classified as non-Langerhans cell histiocytosis. While similar lesions can appear in adults, they predominantly affect infants and young children which explains why the term “juvenile” remains widely used.

Typically, present as one or more red or yellow nodules on the head, neck or trunk. However, recent findings indicate a wider range of clinical presentations beyond these classic locations, making diagnosis more challenging.

The diagnosis is based on clinical presentation, imaging findings, and pathologic confirmation. Imaging studies can help characterize the lesion and rule out other pathologies, such as cholesteatoma or malignancy. Surgical excision is the definitive treatment with excellent outcomes in most cases.

130ème CONGRÈS - PARIS - CNIT FOREST
SFORL 20 ▸ 22 SEPTEMBRE 2024
DU VENDREDI AU DIMANCHE

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