00328 Otology

Prehelician fistula: Clinical study and particularities

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Introduction

 Prehelician fistula is a congenital malformation located just anterior to the root of the helix, characterized by the persistence of a preauricular pertus.

- Sex: female predominance.
 - •Average age: 13 years old (10 18 years old).
 - •Branchio-oto-renal syndrome: No cases.
 - •Family history of prehelician fistula: No cases.
 - •The circumstance of discovery: an orifice in front of the helix root (fig 1).
 - -Unilateral fistula: 80% with right predominance.





Fig 1: Prehelician fistula.

- •Superinfected prehelician fistula: 6 cases, which were all unilateral, requiring surgery after cooling the infection.
- •The average consultation time: 1 year.

Results

•Audiogram hearing: normal in all cases.(fig 2).



normal audiogram
hearing.
ical in all cases according to

Fig 2:

- •Treatment: surgical in all cases according to the excision of the fistulous tract.
- $\label{thm:continuous} {}^{\bullet} A natomorpathologic examination: Benign prehelician fistulous tract \, .$
- •Evolution:
- -Unilateral recurrence in the same side after 5 months of initial surgery : 4 patients.
- -Postoperative superinfection of the orifice: 2 patients requiring antibiotic treatment based on amoxicillin clavulanic acid.

Objective

•To illustrate the clinical aspects of patients with prehelician fistula and to determine treatment, evolution and particularities of this entity.

Conclusion

•Prehelician fistula is a benign congenital malformation. The surgical procedure must be precise to avoid reccurence.

Materials and Methods

•A retrospective study about 10 patients, collected over a period of 5 years (2019 – 2023). We made diagnosis on clinical arguments, and confirmed it by histological examination after surgical excision. All patients had a pre operative audiogram.

Discussion

•Prehelician fistula is the most frequent congenital fistula. A female predominance is noted and superinfection is the most frequent complication which is consistent with our study. It is often bilateral in the literature which is inconsistent with our study.

