

Exostoses of the external auditory canals

A 62-year-old woman presented with a history of several years of bilateral ear discomfort with repeated episodes of earwax blockage and consequential hearing loss. She is a vocational diver who harvests various marine products. In so doing, she plunges to depths of 20 metres where she stays underwater holding her breath for 2 or 3 minutes. She dives all year round, so her external auditory canals are always exposed to cold sea water. Otoendoscopy showed multiple, broad-based elevations of the

tympanic bone (*Figure 1*), thus narrowing the external auditory canals. The patient underwent bilateral bony canaloplasty.

Exostoses of the external auditory canal are benign, multiple bony growths (*Figure 2*) and typically form bilaterally. Frequent cold water exposure is thought to be the main

precipitating factor. These are commonly encountered medical conditions and may be an asymptomatic incidental finding. Surgical excision is indicated only when symptoms such as significant discomfort, hearing loss or recurrent ear infections become intolerable. **BJHM**

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Figure 1. Otoendoscopic findings showing multiple broad-based bony elevations and consequent narrowing of external auditory canals.

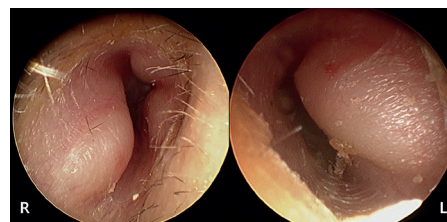
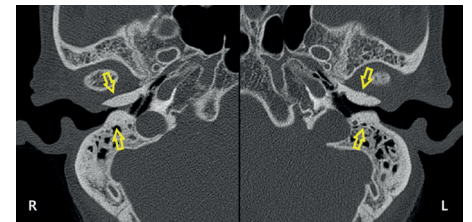


Figure 2. Axial computed tomography of the temporal bone demonstrating bilaterally symmetric bony growth (arrows) in the external auditory canal.



Bilateral multiple cavitory lesions: an unusual X-ray appearance of primary lung adenocarcinoma

A 52-year-old Chinese woman presented with productive cough. Physical examination was unremarkable. Contrast-enhanced computed tomography of the chest showed bilateral multiple cavities with nodular and consolidative opacities (*Figure 1*). No abnormalities were observed under a bronchoscope. Computed tomography-guided percutaneous

lung biopsy revealed invasive lung adenocarcinoma. No driver genes were detected. Chemotherapy was recommended but for financial reasons, the patient did not receive any treatment.

Multiple cavitory lesions are rarely seen in primary lung adenocarcinoma. Possible mechanisms of cavitation include ischaemic necrosis, alveolar damage and the check-valve mechanism (Adler et al, 1992). Patients

with multiple lung cavities can easily be misdiagnosed as having infectious or other benign lung diseases. The differential diagnosis is sometimes challenging and early pathological biopsy should be performed when there are diagnostic difficulties. **BJHM**

Adler B, Padley S, Miller RR, Müller NL (1992) High-resolution CT of bronchioloalveolar carcinoma. *AJR Am J Roentgenol* **159**(2): 275–277. <https://doi.org/10.2214/ajr.159.2.1321558>

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Figure 1. Contrast-enhanced computed tomography scan of the chest showing multiple cancerous cavities. **a–c.** Lung windows. **d–f.** Mediastinal windows.

