

## Keratinosis: A New Entity in the Tropics?

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A patient presented with the symptoms of ear block, itching and whitish exudates from the left ear. There was no history of pain, foul smell, tinnitus, or giddiness. Clinical examination revealed whitish keratin like substance filling the external auditory canal. There was no foul odor like cholesteatoma. There was no pain on pulling the pinna to indicate an acute external otitis. Tuning fork tests revealed a mild conductive hearing loss with Rinne test positive and weber lateralizing to the left ear. After a suction toilet of the ear, the tympanic membrane looked normal with no attic or any perforation of the ear drum. The skin of external ear canal was not inflamed. The canal was not widened. There was an absence of wax. Repeated ear swabs did not grow any organisms. Histopathology was keratin. The remaining parts of the external ear including pinna and tragus were normal with no signs of allergic skin reaction. The other ear and rest of otolaryngological examination was normal. A dermatology consultation did not reveal any other skin pathologies. Hence steroid cream

(betamethasone) was applied to the external canal after an ear toilet, with instructions to avoid water getting into the ears. This was repeated on a weekly basis. The external auditory canal was back to normal in 3 weeks time. This patient was followed up for 6 months period up to date on a monthly basis and there has been no recurrence. Normal wax had started to be secreted. This condition has been seen and treated by me in a similar fashion for another 10 patients including children, with similar results. However for children and infants since toileting is difficult and hesitancy to application of a steroid cream, olive oil drops two or three times daily for a period of 3 weeks usually clears up this condition. Since this does not fit in with an external otitis acute/chronic of an infective, seborrheic or allergic type, keratosis obturans or an external ear canal cholesteatoma, I feel it is a hitherto undescribed entity. I have worked in the UK, gulf (Oman), and India and not seen a similar condition elsewhere in my 40 years of otolaryngology practice and hence this report

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