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Somatic cough syndrome in a 13-year-old girl: a case report

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INTRODUCTION/OBJECTIVES: Somatic cough syndrome is a disorder with complex and not fully known etiology. It usually presents in children. Because of diverse clinical presentation, diagnosis is often made after an extensive search for organic cause.
CASE PRESENTATION: A 13-year-old girl presented to the ENT clinic with a 5-week history of continuous coughing that affected her everyday social activities. The patient coughed every ten seconds during awake state and the cough stopped during sleep. It started after worsening of H. pylori-negative gastritis and GERD, and did not get better during proton pump inhibitor therapy. Videolaryngoscopy showed signs of LPR, normal vocal folds movement, and during cough only the retraction of the membranous part of trachea was observed. The patient was a great student, growing up in normal functioning family. She was highly motivated for success in all fields, prone to perfectionism, with high sensitivity to criticism. Combination of behavioral and supportive therapy was recommended. After a week of breathing exercises with speech and language pathologist a significant improvement occurred, and the cough completely resolved after 2 months. She was able to go back to her normal everyday activities.
CONCLUSION: Somatic cough syndrome has a severe impact on life quality of both patient and parents. It should always be differential diagnosis, especially if organic cause of cough cannot be found. The role of non-pharmacological therapy in treatment is crucial.

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Temporal bone meningocele presenting as a secretory otitis media

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INTRODUCTION/OBJECTIVES: Temporal bone meningocele is an uncommon condition in which middle fossa meninges prolapse into the middle ear through a tegmen defect. These bone defects may be spontaneous or acquired, resulting from head trauma or ear surgery. Some of the most common symptoms include conductive hearing loss, headache, otorrhea and recurrent acute otitis media. Rare but more severe complications may be otogenic meningitis or cerebral abscess.
CASE PRESENTATION: The patient is a 69-year-old female who presented with a history of recurrent right-sided otitis media over the last 5 years. Tone audiogram suggested a mild conductive hearing loss on the right ear where type B tympanogram was also found. Myringotomy with ventilation tube insertion was performed. Purulent content was found in the middle ear, Klebsiella pneumoniae was isolated. After the antibiotic therapy a clear secretion continued for three weeks. The finding of beta-2 transferrin in the fluid from the external ear canal confirmed the cerebrospinal fluid. CT and MRI showed a meningocele prolapsing through a right-sided mastoid and tympanic tegmen defect. The patient underwent surgical repair of meningocele via mastoidectomy with autologous temporalis muscle fascia and fibrin glue. The postoperative course was uneventful and the patient remains asymptomatic.
CONCLUSION: Temporal bone meningocele is a potentially life-threatening condition as it puts the patients at risk of otogenic infection spread and for developing meningitis. The malformation is an indication for surgery in order to prevent these complications. For this reason it must be considered as a differential diagnosis of secretory otitis media in adult population.