

Ear Cysts (Cholesteatoma and Preauricular Cyst)

A plain-English guide for you and your family

WHAT IS HAPPENING

Ear cysts come in two main types. A cholesteatoma is a pocket of skin that grows inside the ear, usually behind the eardrum, where skin should never be. As that skin grows, it sheds dead skin cells like any skin does, but those cells have nowhere to go—so they pile up, get infected, and release chemicals that slowly dissolve the tiny bones of hearing and even the bone protecting the brain and inner ear. This can happen because of repeated ear infections that pull the eardrum inward, or sometimes a child is simply born with a bit of skin trapped inside. A preauricular cyst (also called a preauricular sinus or pit) is a small tunnel or pocket in the skin just in front of the ear, present from birth, where the face didn't quite seal perfectly as a baby developed. Most of the time it causes no trouble, but it can fill with skin debris and get infected, forming a painful lump. Both types need a doctor's attention because they don't go away on their own, and if left alone they can damage hearing or spread infection to nearby structures.

What you might feel

- Foul-smelling ear drainage
- Hearing loss in one ear
- Feeling of fullness or pressure in the ear
- Ear pain or aching
- Small pit or opening in front of the ear (preauricular cyst)
- Swelling or lump in front of or behind the ear
- Dizziness or problems with balance
- Weakness of the face on one side

Call the doctor right away if...

- Facial droop or weakness on one side of the face

- Severe headache, stiff neck, or confusion (signs that infection may have spread to the brain or its coverings)
- Sudden severe dizziness or spinning sensation that doesn't go away
- High fever with ear pain or drainage (suggests infection is spreading beyond the ear)

What the care team will do

- Keep the ear dry and teach the patient not to get water in it (no swimming, use a cotton ball with petroleum jelly when showering)
- Watch closely for signs of spreading infection: fever, severe headache, stiff neck, confusion, or increasing face weakness, and report these immediately
- Give prescribed antibiotics on time and teach the patient to finish the entire course, even if they feel better
- Prepare the patient and family for possible surgery, explaining that removing the cyst is often the only way to stop it from growing back and damaging the ear permanently
- Assess and document hearing changes, balance problems, and any ear drainage (amount, color, smell), and report worsening to the provider

Where this information comes from

- American Academy of Otolaryngology-Head and Neck Surgery (AAO-HNS)
- UpToDate
- BMJ Best Practice
- Cochrane

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