Skull Base Osteomyelitis and Bisphosphonate Use in Multiple Myeloma: Report of Two Cases and Literature Review

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INTRODUCTION

Osteonecrosis of the mandible secondary to bisphosphonate use has been studied extensively over the past several years. Since its description in 2003, numerous reports of osteonecrosis of the mandible and maxilla have been observed in patients undergoing either oral or intravenous bisphosphonate therapy for osteoporosis, multiple myeloma, metastatic bone lesions, and other disease entities. Incidence has been cited to be as high as 10.6%. Similarly, skull base osteomyelitis resulting from otitis externa is a well-known entity, and the temporal bone is the most commonly affected. Atypical skull base osteomyelitis unrelated to otitis externa has been described, noting involvement of the sphenoid and occipital bones2. To date, bisphosphonate-related osteomyelitis of temporal bone unrelated to otitis externa has not been described, and only a few reports of maxillary involvement have been cited.

RESULTS

Histopathology

The temporal bone patient was a 74-year-old Caucasian male who noted persistent right temporal headaches, otalgia, vertigo, and right-sided tinnitus. He also experienced facial nerve weakness on the affected side. Examination additionally revealed hearing loss on the right. Endoscopy revealed fullness and erythema in the right nasopharynx. Nasopharyngeal biopsy was obtained.

REFERENCES