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Resurfacing a Dehiscent High Riding Jugular Bulb with Autologous Platelet Rich Fibrin-Enforced Tragal Cartilage for Debilitating Pulsatile Tinnitus in a 29-Year-Old Filipino Woman: A Case Report

ABSTRACT

Objective: To describe a novel approach in the management of debilitating pulsatile tinnitus secondary to a dehiscent high riding jugular bulb.

Methods:

Design: Case Report
Setting: Tertiary Government Training Hospital
Patient: One

Results: A 29-year-old Filipino woman experienced debilitating right sided pulsatile tinnitus for a year. Her otologic examination was unremarkable, but temporal bone computed tomography scans showed a dehiscent high riding jugular bulb, and she had a tinnitus handicap inventory of 94 out of 100 (catastrophic handicap). The patient underwent resurfacing of the dehiscent bone plate using tragal cartilage enforced with autologous platelet rich fibrin via transcanal approach of the right ear. Post-operatively, there was immediate and complete resolution of the symptoms with the tinnitus handicap score of 0.

Conclusion: This case presented a surgical technique that can be performed to offer symptomatic relief in cases of debilitating pulsatile tinnitus due to a dehiscent high riding jugular bulb.

Keywords: *pulsatile tinnitus; dehiscent high riding jugular bulb; resurfacing; autologous fibrin tissue adhesive*

A dehiscent high-riding jugular bulb (DHJB) is a rare vascular anomaly that causes debilitating pulsatile tinnitus and hearing loss when the protective middle ear bone plate is absent.[1] Conservative therapies are typically preferred for initial treatment to avoid severe surgical complications such as stroke or increased intracranial pressure. Surgical intervention is often required for severe symptom relief, especially if initial conservative treatment methods are unsuccessful.[2] However, there is a lack of consensus on the optimal management for a dehiscent high riding jugular bulb.[3] This case details the successful surgical management of a 29-year-old Filipino woman with a one-year history of debilitating pulsatile tinnitus by resurfacing of the dehiscent high riding jugular bulb using conchal cartilage reinforced by autologous platelet-rich fibrin.

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