Persistent Stapedial Artery
Arteria estapedial persistente

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Female patient, 35 years of age, with progressive hearing loss over several years in her left ear (LE).

Otoscopy was normal in both ears. Acumetry showed a negative Rinne’s test in the LE and Weber’s laterali-
ted to the LE. Tonal audiometry showed LE transmissive hearing loss with a differential hearing threshold in bass frequencies of up to 50 dB and mean airway threshold of 60 dB. The intelligibility threshold of the LE was 50 dB. Absent stapedial reflex in the LE.

Because otosclerosis was suspected, the patient was offered the various therapeutic options. The patient opted for surgery. A stapedotomy was performed under otomicroscopy, after checking that the ossicular chain was immobile. On removing the superstructure of the stapes, the presence of the stapedial artery (SA) was observed crossing the plate between the crurae of the stapes (Fig. 1).

Stapedial artery persistence is a rare congenital anomaly with a prevalence of 0.02%-0.05%. It is the most common vascular malformation of the middle ear. It is important that it is identified because it has possible clinical repercussions, and can result in complications during middle ear surgery. A persistent SA can be safely coagulated with bipolar needle or laser, paying special attention to the facial nerve, as the facial canal is always dehiscent where the artery penetrates.

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