**INTRODUCTION**

Wegener’s Granulomatosis (WG) is an idiopathic systemic granulomatous vasculitis, probably of autoimmune origin, characterized by necrotizing granulomas in the lower airways, genitourinary tract and upper airways (UAW), associated with some degree of disseminated vasculitis.

Having an incidence of up to 3/100,000 inhabitants, its evolution can be indolent or fulminant and, if left untreated, it has a mortality rate of 82% in one year.

The UAW involvement happens in about 90% of the cases at some stage of the disease, and the oral cavity is the most commonly affected site. We hardly ever find suppurative otitis media as initial manifestation1-4.

**CASE REPORT**

A 42-year-old Caucasian woman, with intense otalgia and purulent otorrhea on the right side for 45 days, had a disorder which was refractory to the use of numerous antibiotic agents (amoxicillin-clavulanic acid, ciprofloxacin and ceftriaxone), associated with systemic and topical steroids. She developed vertigo, headache and mixed-severe right side hearing loss.

As prior history, she had renal dysfunction of unknown origin and a kidney transplanted sister.

**DISCUSSION**

In order to properly diagnose WG, one must have a high degree of suspicion, especially in patients with refractory disease, with the involvement of numerous organs and systems and worsening in the general status.

Besides detailing the clinical situation, one must order a chest x-ray and biochemical tests, including serology tests.

**REFERENCES**

1. Lynch JP, White E, Tazelaar H, Llagosford CA. Wegener’s Granulomatosis: Evolving Concepts in Treatment. Semin Respir Crit Care Med. 2004; 25 (5): 491-521.
2. Vanasse ER, Hwang PH. Wegener’s granulomatosis: current trends in diagnosis and management. Curr Opin Otolaryngol Head Neck Surg. 2007; 15:170-6.
3. Rasmussen N. Management of the ear, nose, and throat manifestations of Wegener granulomatosis: an otorhinolaryngologist’s perspective. Curr Opin Rheumatol. 2001; 13:3-11.
4. Takagi D, Nakamura Y, Maguchi S, Furuta Y, Fukuda S. Otologic manifestations of Wegener’s granulomatosis. Laryngoscope. 2002; 112:1684-90.
5. Ferré E, Amato E, Capuzzo P, Cavalieri S, Iannilli F. Early diagnosis of Wegener’s granulomatosis presenting with bilateral facial paralysis and bilateral sensorineural hearing loss. Auris Nasus Larynx. 2007; 34(3):379-82.
6. Bixas A, Bixas A, Fahy C, Sneddon L, Bowdler D. Facial paralysis in Wegener’s granulomatosis of the middle ear. Source J Laryngol Otol.2001; 115(4):304-6.