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Learning Objectives: There is a high prevalence of chronic ear disease in the developing world. Poverty, lack of awareness regarding the importance of treating ear diseases and long distances are factors which result in late presentation with advanced disease. Tuberculous otitis media is also common in the Indian subcontinent, the hallmark being atypical presentation, severe hearing loss and early complications. TBOM can co-exist with cholesteatoma. This presentation will focus on the challenges in the management of chronic ear diseases in the developing world.

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doi:10.1017/S0022215116003261

Chinese experiences in management of chronic otitis media and cholesteatoma (N745)

ID: 745.1

Petrous bone cholesteatoma: transmastoid endoscopic surgery or Infratemporal fossa approach Type B

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Six difficult petrous bone cholesteatoma patients will be demonstrated which are divided into two groups according to the surgical methods. Three of them were performed transmastoid endoscopic approach and another three cases infratemporal fossa approach Type B. All the six cases achieve satisfied outcomes with follow-up. All these six cases related with the apical area where we think would be better be eliminated through the infratemporal fossa approach Type B or transmastoid together with the endoscopy. The former one can acquire the best exposure by inferiorly dis-joint the temporomandibular joint which do not cause subsequent mastication problems and have little influence on patients' appearance. The latter one, with the advancement of the surgical instruments such as the endoscopic, can also realize the surgical purpose which means to radical eliminate the lesion especially that medially to the otic capsule. At the same time, endoscopic have obvious advantages of function preservation for specially cases.

In conclusion, we'd better focus more on the lesion and the way to reach to and radical removal of them and should not be limited by any approach. Exposure, radical exenteration, adequate exteriorization, we recommend, are the basic principles for the temporal bone and lateral skull base surgeries include the PBC surgery. Even with the help of endoscopy, a radical exteriorized mastoid cavity

is always required for a best exposure. With the development of the instruments and equipment, so manipulation may be changed, the principle will be go on.

doi:10.1017/S0022215116003273

Chinese experiences in management of chronic otitis media and cholesteatoma (N745)

ID: 745.2

Our experience of ossiculoplasty in chronic otitis media and cholesteatoma

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Learning Objectives:

Objectives: The aim of this study was to demonstrate our experience of ossiculoplasty using either partial ossicular replacement prosthesis (PORP) or total ossicular replacement prosthesis (TORP) in patients with chronic otitis media with or without cholesteatoma.

Methods: Five hundred seventy-three patients presenting chronic otitis media with or without cholesteatoma underwent ossiculoplasty from January 2001 to December 2014. A PORP is used when the stapes superstructure is intact. Conversely, a TORP is used if the superstructure is absent. The footplate of all patients was present and mobile. Audiometric results included ABG, closure of ABG, achievement of ABG ≤ 20 dB, and stability over time. The association between air-bone gain and age, ossiculoplasty material, preoperative diagnosis (chronic otitis media without cholesteatoma, cholesteatoma), and type of surgery (tympanoplasty, canal wall-down mastoidectomy, or canal wall-up mastoidectomy) was explored using regression analysis. Short-term results were analyzed within 6 months after surgery and long-term results were analyzed ≥ 12 months after surgery.

Results: There were 372 PORPs and 201 TORPs in our series. Overall, mean postoperative ABG was 18.5 dB at short-term and 21.7 dB at long-term follow-up ($p > 0.05$). And closure of ABG was 11 and 8 dB, respectively ($p > 0.05$). 74% of patients in PORP group and 56% of patients in TORP group achieved postoperative ABG ≤ 20 dB at 6 months after surgery. At long-term auditory follow-up (12 months), 71% of patients in PORP and 50% of patients in TORP group achieved postoperative ABG ≤ 20 dB. No significant differences in hearing results were found in different ossiculoplasty material.