

3D image series. All the above will be discussed and illustrated during this presentation.

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Management of difficult cases (R861)

ID: 861.1

Single stage and staged cochlear implant for chronic suppurative otitis media sufferers

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Objective: To explore and summarize the operation method and operation stage for cochlear implant with chronic suppurative otitis media, to provide the reference for cochlear implant with chronic suppurative otitis media.

Methods: the clinical data of 6 cases of cochlear implant with chronic suppurative otitis media in our hospital was analyzed retrospectively. The operation stage, surgical skill, possible risk and prognosis was analyzed and summarized.

Results: 3 of 6 cases received single stage subtotal petrosectomy and cochlear implant. 3 of 6 cases received subtotal petrosectomy, they received staged cochlear implant 4 to 6 months later. No complications occurred, all of the cochlear implantee had good open set speech perception.

Conclusions: staged operation was the first choice for cochlear implant with chronic suppurative otitis media. Single stage operation took potential risks, it should be done cautiously. The key points for the operation was the clearance of the pathological tissue totally, this required experience hands and operation approach option.

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Subtotal petrosectomy for large cholesteatoma and follow up using MR imaging

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Introduction and aim: Subtotal petrosectomy involves the complete exenteration of the tympanomastoid air cells with

blind sac closure of the external auditory canal and fat or muscle obliteration of the remaining cavity. The aim of this study is to review the different indications, hearing rehabilitation and long-term outcome results. Special emphasis is put on the use of diffusion-weighted MRI (DW-MRI) to follow up those ears after absence of possible micro-otoscopic control due to blind sac closure.

Material and methods: Retrospective analysis of all patient who underwent subtotal petrosectomy between 1995 and 2015 in a tertiary referral otological centre.

Results: Subtotal petrosectomy was performed in 102 consecutive cases. The indications were chronic middle ear disease with (n = 39) or without (n = 38) cholesteatoma, cochlear implantation in the unstable ear (n = 19), neoplasms of the petrous bone (n = 4) and cerebrospinal fluid leakage (n = 2). Residual cholesteatoma was found in 7 cases, 5 were originally cholesteatoma cases with wide extension and facial nerve involvement.

Conclusions: Subtotal petrosectomy is a reliable technique which can be used for different indications. With the introduction of DW-MRI surgical outcome can more accurately be assessed and screened for residual pathology. The latter can need revision surgery if one consider it potentially harmful for the patient. In elderly patients or in cases with an intermediate signal on DWI images a wait and scan attitude has been adopted in selected cases. Hearing rehabilitation strategy depends on the remaining inner ear function of both ears and the patient's demand as also on the risk for residual cholesteatomatous pathology. Staging after MRI-control can be a safer approach.

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Management of CSF leaks and encephaloceles

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Learning Objectives: 1. Describe the typical clinical presentation of CSF leaks and encephaloceles 2. Understand the advantages and disadvantages of imaging modalities to diagnosis and locate CSF leaks and encephaloceles 3. Compare surgical approaches and techniques to repair CSF leaks and encephaloceles.

Spontaneous cerebrospinal fluid (CSF) leaks and encephaloceles are uncommon but important conditions to recognize because of the risk for meningitis. Typical symptoms include a chronic effusion, tympanostomy tube otorrhea, or recurrent meningitis. Once a CSF leak is suspected, diagnosis may be challenging and is aided by laboratory testing of the fluid and imaging. Surgical approaches depend on multiple