Whitney U-test) compared with the previous generation implant.

Conclusion: Loading of the implant system 1 week after surgery has been successful for 25 patients with normal bone quality followed up for one year. No implants were lost. All individual ISQ were increasing throughout the study period, although some showed an initial ISQ dip. Soft tissue reactions around the hydroxyapatite coated abutment were generally mild and tolerable but elevated in the first month of follow-up compared with the previous generation implant.

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Free Papers (F742)

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A Review of Paediatric Bone Anchored Hearing Aid (BAHA) use in Chronic Otitis Media (COM)

Presenting Author: **Nicholas Dawe**

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Learning Objectives: BAHA placement in paediatric cohorts with COM is a viable option following trial of soft band device. Medium and longer-term concordance with the device demonstrates tolerance and acceptability in carefully selected paediatric patients.

Introduction: Bone anchored hearing aids (BAHA) are an accepted treatment alternative for patients with hearing loss associated with chronic otitis media (COM). Reports of BAHA use and outcomes in paediatric cohorts, with conductive or mixed hearing loss, in the context of COM, are limited. We present long-term follow-up data for paediatric patients undergoing BAHA at a large tertiary referral centre.

Methods: Retrospective case series.

Cases identified from a prospectively maintained database of paediatric cases (under 18 years at first fitting), performed over a 10-year period (2003–2013).

Results: 180 consecutive paediatric surgical cases were reviewed. 16 patients were identified as having undergone BAHA placement for COM hearing rehabilitation. 69% were female, and one had associated Down's syndrome. Median age was 14 years (mean 12.7 years) and ranged from 4 to 17 years old at first fitting.

43.8% of placements were were bilateral. Median duration of follow-up was 64 months (range 19–150 months). One patient requested removal of bilateral abutments at seventeen months follow-up. The remaining cases were continuing to use their implant regularly in the medium to longer-term. There were no adverse surgical outcomes.

Conclusions: In this unselected case series, the use of BAHA in patients with COM has been demonstrated to be safe, well-tolerated and reliable method of hearing rehabilitation demonstrated by patient concordance at medium to longer-term follow-up.

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Free Papers (F742)

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Management of Chronic Otitis Media for Cochlear Implantation and Other Implantable Devices.

Presenting Author: **Robert Briggs**

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Learning Objectives:

The presence of Chronic Otitis media presents a significant management challenge in patients who are candidates for, or who have, a Cochlear Implant or other Implantable Hearing device. Permanent eradication of middle ear disease, including cholesteatoma and infection, is required together with reconstruction to provide robust cover of the implanted device or secure separation from the external environment. This can be achieved with either staged or primary surgery depending on the nature and extent of the chronic otitis media. Procedures include: routine Tympanoplasty with or without Intact Canal Wall Mastoidectomy; Blind Sac Closure of the external auditory canal with removal of all squamous epithelium from the canal, tympanic membrane and middle ear cleft, with or without obliteration of the mastoid or plugging of the Eustachian tube.

This paper presents an algorithm for the management of such cases based on the Melbourne Cochlear Implant Clinic experience and provides an overview of the aims and surgical techniques utilized in patients with Chronic Otitis Media for the eradication disease and creation of safe stable ears with Cochlear Implants and various other implantable devices.

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Classification of Cholesteatoma (N743)

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The ChOLE-Classification. A proposal from the Swiss Otology Committee

Presenting Author: **Thomas Linder**