

bacteria were observed in 71 patients (45.5%) of preoperative culture, in 21 patients (13.5%) of intraoperative culture, and in 7 patients (4.5%) of postoperative culture. Methicillin-resistant staphylococcus (MRSA) was identified most commonly in all of tests, and it was identified from 23 of 71 cases (32.4%), 11 of 21 cases (52.4%), and 5 of 7 cases (71.4%), respectively, and the percentage of MRSA was increased from the intraoperative to postoperative identification tests. In 23 cases of MRSA in preoperative tests, 6 cases showed MRSA also in intraoperative tests, and 3 cases showed MRSA in postoperative tests. Conclusions: The distribution of strains in middle ear was changed through COM surgery, and the percentage of resistant strains, in particular, MRSA was increased. But, the bacterial culture results of post-operative otorrhea showed lower agreement with that of pre-operative or postoperative culture, and the re-identification of strains is needed.

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cVEMP testing in trans-mastoid occlusion surgery for superior semicircular canal dehiscence

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Learning Objectives:

Introduction: Semicircular canal dehiscence syndrome (SCDS) is caused by a bony defect of the superior semicircular canal, resulting in autophony, bone conduction of bodily sounds and pseudo conductive hearing loss. Vestibular manifestations include sound- or pressure-evoked vertigo. cVEMP (cervical vestibular evoked myogenic potential) testing is used as the diagnostic gold standard in addition to CT scanning. The aim was determine the pre and post-operative cVEMP changes in patients undergoing transmastoid occlusion surgery for SCDS.

Methods: All patients suggestive of SCDS underwent CT scanning and cVEMP testing. All those with positive findings for both (dehiscent superior canal and asymmetrical cVEMP thresholds >35%) then underwent surgery. cVEMP thresholds were measured 3 months post-operatively in a standardised manner. Asymmetry between ears was assessed by means of the Jonkees formula and diagnostic of SCDS when greater than 35%. Data was identified and collated retrospectively.

Results: Twenty patients, with 22 affected ears underwent surgical occlusion with pre-operative and post-operative cVEMP testing. All patients with unilateral SCDS had asymmetrical cVEMP thresholds >35% with a mean of 164% (N = 14, SD 224). In the 17 ears with recordable cVEMPS, all demonstrated normalisation of thresholds except in one, who had persistent symptoms and BPPV. In 10 out of 12 unilaterally affected patients, the postoperative cVEMP threshold was less than or equal to the contralateral

ear. In two patients there were no recordable thresholds in the contralateral ear.

Conclusion: cVEMP testing continues to be a valuable assessment tool in patients with symptoms suggestive of SCDS. Our results show that with the transmastoid occlusion technique, the post-operative cVEMPs return to normal (as compared with their contralateral side) in the majority of cases.

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The recovery of middle ear and mastoid cavity using T-tube in adhesive otitis media

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Learning Objectives:

The repeated dysfunction of Eustachian tube repeatedly may occur acute, chronic serous otitis media that can exacerbate the tympanic membrane status as adhesive otitis media, which is a result of chronic inflammation of middle ear and mastoid cavity. It may occur erosion of ossicles, which can make conductive hearing loss or cholesteatomatous otitis media while in progress. We have experienced not only recovery of middle ear, mastoid aeration, but also recovery of hearing through using only ventilation T-tube for long period. The patients were 10-year-old female, 30-year-old female and 20-year old male who visited outpatients because of otorrhea and hearing disturbance. The T-tube were inserted at operating room under general or local anesthesia. The difference of air-bone gap between preoperative and postoperative hearing were 45 dB, 18 dB and 17 dB each, and each period of tubing were 53 months, 40 months and 26 months. All patients performed temporal bone computer tomography (CT) before surgery, and all of them showed soft tissue density in middle ear and mastoid cavity, and sclerotic mastoid bone changes. However all patients showed improvement of temporal CT finding without soft tissue density in middle ear and mastoid cavity postoperatively. We propose this treatment because it may be simple and have cost-benefit compared with other methods. However close observation of tympanic membrane perforation and recurrent otorrhea after tube insertion might be necessary.

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Clinical and Audiological Characteristics of 1000 Hz Audiometric Notch Patients

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