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Learning Objectives:

Introduction: In active Chronic Ear Disease (CED) and sequelae of CED without Cholesteatoma we perform Miringoplasties and Tympanoplasties without Mastoidectomy to reconstruct the sound transmission mechanism.

In this course we describe our surgical approaches and the materials that we use for the reconstruction of the ossicular chain. We tend to favor the use of autologous grafts whenever possible such as temporalis muscle fascia, tragal cartilage and remodeled incus. In some cases we also use titanium TORP and otologic cement depending on the existing viable remnants.

Material and method: For the purpose of this course we have revised 50 cases that had undergone Miringoplasties or Tympanoplasties. In the 50 cases we describe the procedure used to reconstruct the tympanic membrane and the ossicular chain depending on the pathology found in each case.

Results:

1. - The most frequent approach has been retroauricular (85%).
2. - In 50% of the cases the tympanic membrane was grafted with fascia (50%). In the remaining 50% the membrane was grafted with tragal perichondrium or periosteum obtained from the mastoid.
3. - The graft was positioned in two pieces and overlaid to the despitheIALIZED tympanic remnants leaving the malleus handle between the two grafts (Double Overlay Graft, DOG).
4. - The results showed that in 94% of the cases the tympanic membrane remained closed 3 years after surgery.
5. - There was a significant hearing improvement in 80% of the cases. In those cases the residual air bone gap was less than 20 dB.

Conclusions: Miringoplasties and Tympanoplasties without Mastoidectomy have excellent results in the majority of cases. Both grafts take and hearing improvement is frequent enough as to recommend surgery as the best treatment choice. The adequate selection of cases for surgery, some technical aspects and thorough follow up of the patient are considered critical to obtain good and long lasting results.

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Cholesteatoma accompanied abnormal ossification; Report of two cases

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Learning Objectives: Case study.

It is well known the cholesteatoma causes bone erosion and destruction of ossicular chain. We experienced two cases of cholesteatoma accompanied by abnormal ossification around ossicles which showed fixation to the wall of antrum or bony wall of middle cranial fossa. Case 1 is a 39-year-old man. He visited our hospital complained hearing loss of his left ear about one year ago. He also complained otorrhea of left side six months ago, cured spontaneously. 10 years ago he had visited our hospital for his right ear surgery, then an otomicroscopic examination of his left ear showed only dry small retraction pocket. But this time the retraction pocket of his left ear had been enlarged. Computed tomography scanning (CT) revealed deformity of ossicles. An operation of his left ear was performed. Abnormal ossification was seen around malleus head and Incus body and fixed the wall of antrum. Isolated cholesteatoma was existed behind the malleus head. Case 2 is a 45-years-old woman. At the age of 23, her left ear had been operated for cholesteatoma in our hospital. 8 years later she visited our hospital for his right otalgia. An otomicroscopic examination of her right ear revealed the retraction pocket with large squamous debris. By conservative treatment her otalgia was cured and the retraction pocket was cleaned. CT revealed only small soft tissue in attic. At this time the age of 45, the debris of the retraction pocket couldn't be removed for pain. CT revealed large soft mass with defect of bony wall of middle cranial fossa. An operation of her left ear was performed. Ossicles fixed wall of antrum and isolated cholesteatoma by the abnormal ossification was found. It will be necessary to take into consideration of the existence of isolated cholesteatoma by abnormal ossification.

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Simultaneous cochlear implantation and labyrinthectomy for advanced Ménière's disease

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Learning objectives:

1. Understand the challenges in managing intractable vertigo in Ménière's disease.
2. Review the literature on cochlear implantation outcomes in Ménière's disease.
3. Learn about simultaneous labyrinthectomy and cochlear implantation as an emerging technique in the management of Ménière's patients with intractable vertigo.

Introduction: Patients with Ménière's disease can develop unaidable sensorineural hearing loss. Cochlear implantation