

Results: Residual cholesteatoma was found ten out of 39 ears (25.6%). Residual sites including overlaps were mastoid cavity (n = 7) followed by tympanic cavity (n = 6) and attic (n = 4), which is different from adult acquired cholesteatoma where the tympanic cavity such as tympanic sinus is the most likely area of residues. Among the various factors examined, significant differences were found between the residue (+) and (−) groups: multiple primary sites such as TAM and PTAM diseases and poor status of stapes were more seen in residue (+) group.

Conclusions: Residual cholesteatoma was mostly seen in mastoid cavity, probably because small piece of epithelium remains in honeycomb structure of well-developing mastoid cavity, which is a characteristic feature of mastoid in children. In order to minimize the residual lesion, surgeons should take care of complete removal of mastoid cholesteatoma especially in patients with advanced case such as multiple primary sites and with invasion to stapes.

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Hearing results in stapes surgery

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Learning Objectives:

In Asia, otosclerosis is not so common as in Europe and North America. The reports about stapes surgery is not many in Japan. So we report the hearing results in stapes surgery performed in our institution.

We analyzed the hearing results of 101 ears which were performed stapes surgery at Osaka University Hospital from April 2007 to December 2014. We evaluated the hearing results by criteria of AAO-HNS at 6 months after surgery and at 2 years after surgery. Furthermore, we analyzed hearing gain, air-bone gap and air conduction threshold by each frequency.

Small fenestration stapedotomy was performed in 63 ears. Partial stapedectomy was performed in 23 ears and total stapedectomy was performed in 12 ears. The CO2 laser was used to fenestrate the foot plate of stapes in 40 ears. The manual perforator was used in 56 ears. The details of prostheses are as follows: Teflon wire piston; 64 ears, Teflon piston; 20 ears and titanium clip piston; 14 ears. The total success rate (i.e. the air-bone gap is smaller than 10 dB) is 70%. Concerning the success rate by A-B gap (AAO-HNS criteria), there was no statistical difference in fenestration methods, fenestration devices or prostheses. To see by each frequency, the hearing gains at high frequencies (2k, 3k and 4k) are better in stapedotomy than in stapedectomy at 6 months after surgery. But there is no significant difference at 2 years after surgery. The air conduction threshold at high frequencies in stapedotomy at 2 years after surgery worsened than at 6 months after surgery.

The hearing results are substantially equal to other reports. The A-B gap after surgery does not depend on either fenestration methods, fenestration devices or prostheses in our report. The reason why the air conduction threshold at high frequencies in stapedotomy worsened at 2 years after surgery seems re-calcification around the piston.

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A case of presigmoid retrolabyrinthine approach to vestibular schwannoma by use of continuous direct neurophysiological monitoring of facial nerve and cochlear nerve

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Learning Objectives:

Intraoperative monitoring of the facial nerve and the cochlear nerve is essential to achieve preservation of function after surgery to vestibular schwannomas. Recently two novel monitoring methods have been reported to improve preservation of function: continuous direct auditory evoked dorsal cochlear nucleus action potential (AEDNAP) monitoring and facial nerve root exit zone-elicited compound muscle action potential (FREMAM) monitoring (Nakatomi and Miyazaki, et al. 2015). A presigmoid retrolabyrinthine approach is considered to have the advantages of the two major approaches, the retrosigmoid suboccipital and presigmoid translabyrinthine approaches, as a minimally invasive surgical option to vestibular schwannomas, allowing direct access to the cerebello-pontine angle and preservation of hearing function (Iacoangeli et al. 2013). Here, we report a case of presigmoid retrolabyrinthine approach to medium vestibular schwannoma by use of continuous monitoring of the facial nerve and the cochlear nerve, as a novel surgical method to achieve a minimally invasive surgery with preservation of function.

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Surgical success and complications of tympanoplasty using composite tragal cartilage in chronic otitis media

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Learning Objectives: To evaluate the success rate and result of tragal composite cartilage tympanoplasty.