pt satisfaction and QOL after MCO using cartilage. It was also directed to find out post-op dry ear, wax problems, dizziness & recurrence.

Methods: In our cohort study, 29pts with CDE underwent revision mastoidectomy with MCO/PCR during Jul'11-Jun'15. They were followed at 6wks, 4, 6 & 12mths post-op.Symptoms were noted in pt files during followup visits & collated on excel chart. QOL was assessed using Glasgow Benefit Inventory Score. Response was obtained by posting proformas to pts.Ethical approval was obtained from trust R&D.

Results: The procedure was successful in improving QOL in majority. 26/29 pts reported dry ears. 2 pts continued to have discharge &1 underwent repeat surgery. Frequency of clinic visits has reduced significantly. >90%pts reported significant improvement in QOL & less visits to GP surgery.

Conclusion: The outcome and QOL improvement after MRM/PCR using cartilage is satisfactory. Frequently encountered problems of chronically discharging ear, wax and dizziness are reduced.

Keywords: **C**hronic otitis media, mastoid cavity obliteration, cartilage graft, QOL, Glasgow Benefit Inventory Score.

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ID: IP195

Delayed presentation of a giant congenital cholesteatoma with cerebrospinal fluid fistula

Presenting Author: **Sherif Habashi**

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Learning Objectives: Cholesteatoma can exist for many years with little or no symptoms before presentation with life-threatening complications. Patients with persisting ear discharge should undergo CT scanning of the temporal bones.

Introduction: Cholesteatoma is usually acquired. Congenital cholesteatoma is rare and occurs at three important sites: the middle ear, the Petrous apex, and CPA. For the diagnosis to be made the following three conditions should normally apply: there should be a mass medial to the tympanic membrane; the tympanic membrane should be normal and intact and there should be no previous history of ear discharge, perforation or ear surgery. Presentation of congenital middle ear cholesteatoma is normally as a conductive hearing loss in childhood. Petrous apex and cerobellopotine cholesteatomas may present with CPA symptoms or be picked up as in incidental radiological finding in early adult life.

Method: A 54 year old man presented with a short history of hearing loss and ear discharge. He was treated for otitis externa and wax. Microsuction was performed several times before a CT scan of the temporal bones was requested which showed a massive erosive lesion consistent with a giant cholesteatoma (images). As he was leaving the consultation he asked for further micro suction. This provoked a profuse CSF leak. Urgent tertiary referral was made and the patient underwent craniotomy and petrosectomy(operative photographs).

Results: The patient recovered well with no cranial nerve deficits or other complications and is managing well a CROS hearing aid. Four years on he remains well with no sign of recurrence on two diffusion weighted MRI scans(images). He remains under lifelong surveillance.

Conclusion: Congenital cholesteatoma can remain silent for many years presenting late in life as a giant cholesteatoma with bony erosion and extension into the cranial cavity. CT and diffusion weighted MRI imaging can help in diagnosis and pre-operative planning.

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External ear canal cholesteatoma: Two in a day!

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Learning Objectives: External Ear Canal Cholesteatoma, even when very extensive, can be successfully treated with excellent hearing outcomes.

Introduction: The aetiology of external ear canal cholesteatoma (EECC) may be traumatic, iatrogenic or spontaneous. It is a rare entity with an estimated incidence of around 1 in 1000 patients requiring otologic surgery. Remarkably, we present two cases operated on same the day by the senior author!

Methods: 2 cases are presented including pre-operative imaging. An 80 year old female who presented with a 3 month history of left-side hearing loss. Microsuction for "hard wax" was performed several times before CT scan was requested. A 61 year old female with a short history of left-sided hearing loss and pain. Hard "wax" was removed by microsuction several times. The tympanic membrane was seen to be normal and she was discharged before representing with the same symptoms. Eventually a CT scan was requested. Both patients underwent modified radical mastoidectomy. In the first case the cholesteatoma sac was seen to be originating from the anteroinferior wall of the ear canal and extending into the mastoid. The tympanic membrane was intact and middle ear uninvolved. The second patient was found to have cholesteatoma arising from the posteroinferior wall of the ear canal with extension into the mastoid and petrous bones.Middle fossa dura was widely exposed by the disease. The lateral SCC was dehiscent. The tympanic membrane was normal and the middle ear uninvolved.

Results: Post-operatively, both patients recovered well with no complications and audiometry showed no conductive hearing loss and no worsening of bone conduction. Both patients remain under long-term follow-up.

Conclusion: EECC can present with minimal clinical findings and hearing loss but can be very extensive which could lead to serious complications if left undetected for a long time. CT scanning is extremely helpful in assessing the extent of the disease and for assisting in pre-operative planning.

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Role of mastoid pneumatisation in paediatric cholesteatoma

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Learning Objectives: Study evaluates the factor of mastoid pneumatisation w.r.t paediatric cholesteatoma in accordance with "Evidence based medicine". Pneumatisation of mastoid in children was found to be associated with extensive and recurrent cholesteatoma in our study.

Objectives: To study the correlation between mastoid pneumatisation and cholesteatoma in paediatric patients.

Materials & Methods: In a retrospective study design, the medical records of all the paediatric patients which underwent mastoid surgery for chronic suppurative otitis media-cholesteatoma disease were examined in the specific time period of: Jan 2010 to Jan 2016. The surgical pathology was correlated with the CT scan of the mastoid. Further, recurrence of cholesteatoma was also studied. Data was tabulated and statistically analysed.

Results: A total of 56 paediatric patients were evaluated, out of which 6 had sclerotic mastoid, 17 had diploic mastoid and 33 had pneumatic mastoid. Statistical evaluation of this data was found to be significant thereby implying that cholesteatoma development is more in pneumatic mastoid. Further sinus tympani and facial recess involvement was also significantly more in a pneumatised mastoid. Evaluation of our records further revealed that recurrence of paediatric cholesteatoma is also more in pneumatic mastoid.

Conclusions: It is thus hypothesised that a well pneumatised mastoid may lead to cholesteatoma. In addition, cholesteatoma is more extensive and might recur in a pneumatised mastoid in children.

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Role of "Paediatric Tympanoplasty" in modern otology

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Learning Objectives: Paediatric tympanoplasty is a controversial subject with no consensus amoung otologists regarding the minimum age for the surgery. Moreover the subject does not find mention in standard text. There is a general tendency across the world to delay the said surgery on account of various factors like: eustachian tube maturity, size and site of perforation & age etc. I would be examining the concept of "Paediatric Tympanoplasty" in accordance with evidence based medicine: two prospective studies carried out at LHMC & Associated Hospitals, New Delhi. Our results indicate that the graft uptake in children is equal to adults and addresses the issue of deafness in children.

Objective: To evaluate the success rate of tympanoplasty type I in a select pediatric age group of 5 to 8 years, and thereby analyse the factors suggested to influence the outcome of the said surgery.

Study Design: A prospective study with control. 60 patients of chronic suppurative otitis media-inactive mucosal disease of either sex were divided into two groups of 30 each; Group A [paediatrics, 5–8years] and Group B [adults, >14 years]. All the patients underwent tympanoplasty type I by underlay technique using temporalis fascia graft. Pre-operative tympanometric volume was recorded in all the cases and analysed with the graft uptake results post-operatively. The data pertaining to surgical and audiological success was tabulated and statistically analysed.

Results: We recorded an impressive surgical success rate of 87% in Group A compared to a 90% success rate for group B. Also, an audiological success of 69% and 78% was recorded in the pediatric and adult group, respectively. Statistical analysis of the data revealed that age, status of the contralateral ear (taken as a measure of function of the Eustachian tube) and size of the perforation are not significant factors which might influence the outcome of paediatric tympanoplasty, but the site of the perforation was found to be a significant factor for the said surgery with anterior perforations recording a poor success rate. On the basis of mean tympanometric volume of 1.6cm3 the patients were divided into two groups: in Group A (tympanometric volume <1.6cm3), and group B (tympanometric volume >1.6cm3). A graft uptake of 95% and 77% was recorded in Group A & B