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**Chronic otitis media in indigenous (N643)****ID: 643.2****Management of Indigenous Chronic Middle Ear Disease in North Queensland, Australia**Presenting Author: **Shane Anderson**Shane Anderson  
*The Townsville Hospital*

*Learning Objectives:* The author will describe his experience with dealing with Indigenous Chronic Middle Ear disease in Northern Queensland, Australia. The management of this condition is co-ordinated with the collaboration of the “Deadly Ears” Program. “Deadly Ears” is an outreach program where otolaryngologists and supporting staff travel to rural and remote communities to provide primary intervention and screening. Most of the surgical management in the community involves adenoidectomy and myringotomy with or without ventilation tube insertion. Some simple tympanoplasties are performed in the community. A recent audit has found the repair rates are only 50%. The Authors practice involves providing a dedicated tertiary referral center and subspecialist Otologist support for the more at risk cases that are not treated in the community. By developing a non traditional public health frame work for referral and management, we have been able to achieve a 90% attendance rate for surgical management. Considering the amount of chronic middle ear disease that we see, cholesteatoma is relatively rare. The majority of cholesteatoma disease is mesotympanic in nature with adhesive otitis media a rare finding. The majority of disease that is treated in this setting is Chronic Suppurative Otitis Media with dense granulation. This may be due to the active management that the “Deadly Ears” program provides that may change the nature of pathology. The Author treats all these cases aggressively with cartilage techniques as the mainstay of treatment. Age, air travel back to remote communities and active discharge in this setting has not made a difference to anatomical closure of disease. The author has developed a method of closure and packing that is simple for the local health care workers to manage in their remote community and allows for water exposure.

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**Chronic otitis media in indigenous (N643)****ID: 643.3****Innovation, Excellence and Pragmatism: The Challenges in the management of Chronic Suppurative Otitis Media in Aboriginal people of Northern Australia**Presenting Author: **Hemi Patel**  
Hemi Patel, Graeme Crossland, Rohana O’Connell  
*Royal Darwin Hospital**Learning Objectives:*

- The prevalence of Otitis Media in Aboriginal people, and the reasons for it.
- The Surgical and non Surgical challenges of Managing Otitis Media in Aboriginal people.
- Historical Data on Surgical interventions in Aboriginal Ear disease.

*Introduction:* Aboriginal people of northern Australia have the highest rates of Chronic Suppurative Otitis Media globally, and of pandemic proportions, yet good evidence to guide our treatment in this population is limited. We present the challenges, some innovative solutions, and our experience.

*Methods:* Prospective cohort study.

*Results:* We present 5 years of prospectively collected data pertaining to Tympanoplasty, Mastoid surgery and TeleOtology in Aboriginal patients of the Northern Territory of Australia.

*Conclusion:* Tympano-mastoid surgery in Aboriginal Australians can achieve similar outcomes (intact graft, recurrence rates, hearing) to traditionally studied cohorts. We emphasise the importance of close pre and post operative follow up, and a standardised intraoperative technique applicable to the unique challenges of the Aboriginal Ear.

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**CI in chronic ears (R644)****ID: 644.1****Cochlear implantation in chronic otitis**Presenting Author: **Milan Profant**Milan Profant<sup>1</sup>, Milan Profant<sup>2</sup>, Miguel Aristegui<sup>3</sup>, Bernard Frayssé<sup>4</sup>, Joachim Mueller<sup>5</sup><sup>1</sup>*Comenius University Medical Faculty,*<sup>2</sup>*Comenius University, Medical Faculty, Dept ORL HNS,* <sup>3</sup>*Univ. Madrid,* <sup>4</sup>*Univ Toulouse,*<sup>5</sup>*Univ Munich*

*Learning Objectives:* This panel will deal with different situations in chronic otitis patients requiring cochlear implantation. Authors will discuss the principles of implantation in cholesteatoma patients doing staging or non-staging procedure. Principles of subtotal petrosectomy with ear canal closure will be discussed as another possibility how to manage these patients. Group of patients with wide open cavity is another problem to be solved in the discussion. Authors will present also changing opinion in surgery in the only hearing ear with possibility to manage unexpected deafness by cochlear implantation. Special case reports will be the subject of discussion after short communication presented by the panel members

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