

The postoperative hearing results showed a gain of 1,7 dB on pure-tone average air-conduction (PTA-AC). (D) Non-echo planar diffusion weighted imaging (non-EP DW MRI) documented the residual (n = 1) and recurrent cholesteatoma (n = 1). The 1 and 5 year Imaging follow-up revealed no other recurrent or residual disease. Conclusions: The CWR-BOT is a safe and very effective option for treatment of problematic unstable canal wall-down mastoid cavities, resulting in dry trouble-free ears.

*Objective:* To present the long-term surgical outcome of the bony mastoid and epitympanic obliteration technique with canal wall reconstruction (CWR-BOT) in adults with an unstable cavity after previous canal wall-down surgery for extensive cholesteatoma.

*Study Design:* Retrospective study.

*Interventions:* Therapeutic.

*Setting:* Tertiary referral center.

*Patients:* Fifty consecutive adult patients undergoing a CWR-BOT between 1998 and 2009.

*Main Outcome Measure(s):* (A) Recurrence and residual rates of cholesteatoma, (B) postoperative hygienic status of the ear, including postoperative aspect of the tympanic membrane and external ear canal integrity (EAC), (C) functional outcome, and (D) long-term safety issues.

*Results:* (A) The percentage of ears remaining safe without recurrent or residual disease after CWR-BOT was 96% after a mean follow-up time of 101.8 months. Recurrent cholesteatoma occurred in 2% (n = 1) and a residual cholesteatoma was detected in 2% (n = 1) of the patients. (B) A safe dry, and trouble-free graft and selfcleaning EAC was achieved in 94%. (C) The postoperative hearing results showed a gain of 1.7 dB on pure-tone average air-conduction. (D) Nonecho planar diffusion-weighted imaging (non-EP DW magnetic resonance imaging) documented the residual (n 1/4 1) and recurrent cholesteatoma (n = 1). The 1 and 5-year imaging follow-up revealed no other recurrent or residual disease. Conclusion: The CWR-BOT is a safe and very effective option for treatment of problematic unstable canal wall-down mastoid cavities, resulting in dry trouble-free ears.

doi:10.1017/S0022215116004862

## Various aspects of cholesteatoma surgery (N865)

**ID: 865.2**

**For the Dutch-Flemish Otolary Society:  
Patient Satisfaction in Cholesteatoma  
Surgery: study set-up and preliminary  
results**

Presenting Author: **Joost van Dinther**

Joost van Dinther<sup>1</sup>, Stefan Delrue<sup>2</sup>, Valerie Droessaert<sup>2</sup>, Sophie Camp<sup>2</sup>, Robby Vanspauwen<sup>2</sup>, Youri Maryn<sup>2</sup>, Andrzej Zarowski<sup>2</sup>, Thomas Somers<sup>2</sup>, Erwin Offeciers<sup>2</sup>

<sup>1</sup>European Institute for ORL-HNS, Sint Augustinus Hospital Antwerp Belgium,

<sup>2</sup>European Institute for ORL-HNS - Sint Augustinus Hospital Antwerp Belgium

*Learning Objectives:* 1. To test the validity and test-retest reliability of the Dutch translation of the Chronic Otitis Media Questionnaire 12 (COMQ-12). 2. To evaluate the quality of life in cholesteatoma patients after treatment with the bony obliteration technique.

*Objective:* To test the validity and test-retest reliability of the Dutch translation of the Chronic Otitis Media Questionnaire 12. To evaluate the QOL in cholesteatoma patients after treatment with the bony obliteration technique (BOT).

*Materials and Methods:* 35 individuals with no history of COM received the questionnaire as well as a group of 35 patients with complaints of COM. The healthy participants had to complete the questionnaire twice (control group 1 and control group 2) to estimate the test-retest reliability, and their scores were compared with those of the patients (group 3) to test the validity. The Dutch GBI and COMQ-12 questionnaires were used in a group of cholesteatoma patients after treatment with the BOT.

*Results:* The overall COMQ-12 score in control group 1 ranged from 0 to 11, in control group 2 from 0 to 6, and in group 3 from 7 to 46. The mean score in group 1 was 1.43, 1.34 in group 2 and 27.80 in group 3. A comparison of the COMQ-12 scores of the two control groups and the patient group showed a significantly higher COMQ-12 score in patients with COM. The diagnostic accuracy was investigated, and a COMQ-12 cut-off score of 8 was found to have a near-perfect sensitivity and specificity in distinguishing between the presence and absence of COM. The single-measures ICCAA was 0.859 (with a 95% confidence interval from 0.738 to 0.926). This clearly exceeded the ICC threshold for acceptable reliability (ICC  $\geq$  0.75) and therefore confirmed that there was reasonable test-retest reliability when applying the questionnaire to control subjects. The preliminary results of the GBI and COMQ-12 questionnaires in a group of cholesteatoma patients after treatment with the bony obliteration technique will be discussed.

*Conclusion:* The Dutch version of the COMQ-12 has good validity, diagnostic accuracy, and test-retest reliability. The preliminary QOL results after the BOT in cholesteatoma patients will be discussed.

doi:10.1017/S0022215116004874

## Various aspects of cholesteatoma surgery (N865)

**ID: 865.3**

**Pediatric cholesteatoma behaviour and the  
role of bony obliteration in its treatment**