

Presenting Author: **Sejoon Oh**

Sejoon Oh, Soo-Keun Kong

Pusan National University Hospital

Learning Objectives:

Patulous eustachian tube (PET) can have a significant negative impact on a patient's quality of life. Several methods of surgical management can be an option to treat PET, and our objective is to evaluate the safety and efficacy of autologous cartilage injection in patients with PET. Thirty-three ears of twenty-five patients with chronic PET refractory to conservative treatment were enrolled to this study. Autologous tragal cartilage was harvested, and chopped into fine pieces to allow its injection using a 1cc Bruening syringe. Endoscopic cartilage injection was performed submucosally into the anterior (0.5 mL) and posterior aspects (0.5 mL) of the nasopharyngeal ET under local anesthesia in an operating room. Patients were evaluated postoperatively by nasal endoscopy and by interview to document symptoms. Successful treatment was defined as complete relief or significant improvement plus satisfaction with treatment. The only complication that occurred was temporary otitis media with effusion in one ear. Inferior turbinate reduction was performed in three ears with accompanying nasal septal deviation or turbinate hypertrophy to allow better nasopharyngeal ET visualization. After autologous cartilage injection, the successful treatment rate, as determined by subjective autophony symptoms, was 69.7% (23/33). The average follow-up period was 25.2 months. Autologous cartilage injection is a minimally invasive technique that has been used by the authors to successfully treat patulous eustachian tube. The described procedure was found to provide a good overall success rate without long-term complications.

doi:10.1017/S0022215116006551

ID: IP159

Surgical results of transcanal endoscopic ear surgery in chronic otitis media.

Presenting Author: **Masafumi Ohki**

Masafumi Ohki, Masatoshi Takashima, Yuka Kitano, Atsushi Tahara, Sunao Tanaka, Tsutomu Nomura, Atsushi Ohata, Shigeru Kikuchi

Saitama Medical Center

Learning Objectives: To endoscopically examine surgical results for chronic otitis media after endoscopic ear surgery comparing with microscopic ear surgery

Introduction: Middle ear surgery has commonly been treated using a surgical microscope. A binocular stereomicroscope has often been used in ear surgery because this instrument offers many advantages including binocular stereoscopic vision of the surgical field; no obstruction of the view by blood, mucus, or bone dust on the lens; high magnification, besides being hands-free. Conversely, the narrow-angle view is a disadvantage of using a microscope for middle ear surgery. Moreover, there are several blind areas behind important structures, such as the facial nerve, that cannot

be avoided. The use of an endoscope can offer several advantages over the use of a microscope during middle ear surgery, particularly the wider field of view. Therefore, endoscopic ear surgery, especially transcanal approach, has been developing recently. The aim of this study is to endoscopically examine surgical results for chronic otitis media after endoscopic ear surgery comparing with microscopic ear surgery.

Methods: Sixty-nine consecutive patients who underwent tympanoplasty for chronic otitis media. Transcanal endoscopic ear surgery was performed in 25 patients, and postauricular incision microscopic ear surgery in 44. Hearing outcome of air conduction threshold, bone conduction threshold, air-bone gap was assessed.

Results: Surgical results of hearing levels after transcanal endoscopic ear surgery was significantly better than postauricular incision microscopic ear surgery. Transcanal endoscopic ear surgery is advantageous to approach to the attic and perform tympanoplasty for sound transmission.

Conclusions: Surgical results of transcanal endoscopic tympanoplasty for chronic otitis media were excellent.

doi:10.1017/S0022215116006563

ID: IP160

Postoperative residual cases in pediatric acquired cholesteatoma

Presenting Author: **Shinsuke Ohshima**

Shinsuke Ohshima¹, Yuka Morita¹, Kuniyuki Takahashi¹, Shuji Izumi¹, Yamato Kubota¹, Yutaka Yamamoto², Sugata Takahashi¹, Arata Horii¹

¹Niigata University Graduate School of Medical and Dental Sciences, ²The Jikei University School of Medicine

Learning Objectives:

Introduction: Acquired cholesteatoma is more aggressive in children than in adults. Despite the aggressive behaviour, radical treatment such as canal wall down technique was less performed to reduce cavity problem which requires endless care. This results in high rate of residues and recurrence. We focused in this study on reducing residues in pediatric acquired cholesteatoma surgery and explored risk factors of residual lesions.

Methods: Medical charts of 39 children under 15 years old with acquired cholesteatoma were retrospectively reviewed. Various factors were compared between the residual cholesteatoma (+) and (-) groups: surgical procedures, type of cholesteatoma, number of primary sites of cholesteatoma at surgery (P, protympanum; T, tympanic cavity; A, attic; M, mastoid), development of mastoid air cells, and the status of stapes. Residue (+) was defined if residual lesion was found after one-stage surgery or planned two-stage surgery, but not during second-look operation.