

Learning Objectives:

Objective: To present the result of a 5 year follow up study in a pediatric population (www.innoforce.ch) Intervention: Patients presented with acquired cholesteatoma underwent an OMET by two experienced surgeons. Results: 37 children (38 ears) underwent OMET cholesteatoma surgery with a follow-up of at least 5 years. Thirty-two primary surgeries and 6 revision operations of referred patients were included. There was a slight right ear dominance of 55%. Eighteen percent had a pathologic middle ear on the other side as well. Half of all patients had an ossiculoplasty at the time of first surgery, whereas no attempt or a staged reconstruction was planned in the other half of our patients. Overall 4 (10%) patients developed a recurrent and 3 (7%) had a residual cholesteatoma necessitating further surgery. Four patients developed recurrent disease 3 and 7,5 years after the first surgery. All patients had a dry and water-resistant ear at last follow-up.

Conclusion: Our results on recurrent/residual cholesteatoma in the pediatric population (17%) are higher than in our adult population (9%). There are a lot of conflicting data in the literature. The comparison appears difficult, since most publications do not present long-term follow-up of 5 years or longer in children. Our results compare favorably with the 10year follow-up of Fisch as we are using the same technique. Our presentation will also balance our results with recent data from bony obliterations techniques and add to the ongoing debate.

doi:10.1017/S0022215116001961

Free Papers (F642)**ID: 642.4****Middle ear aeration in staged canal wall up tympanoplasty combined with mastoid cortex plasty or bony mastoid obliteration**

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Learning Objectives:

Introduction: If poor postoperative aeration can be accurately predicted, canal wall down tympanoplasty or obliteration technique is preferable to canal wall up tympanoplasty (CWUT) is described, however, little is known about the dynamics of middle ear aeration. We sought to determine how the aeration levels changed during the first- and second-stage operations (1stSOP and 2ndSOP), and the most recent CT examinations (recent CT).

Methods: Our study was included 50 ears which had a cholesteatoma extending into the antrum or mastoid cavity involving the ossicular chain with varying degrees of scutum defect.

Middle ear aeration was assessed during 1stSOP and 2ndSOP, and recent CT which was performed at least 5 years subsequent to the 2ndSOP. Middle ear aeration was graded using the following scale: 0, no aeration in the middle ear; 1, only the meso-tympanum is aerated; 2, the entire tympanic cavity, including the attic, is aerated; and 3, the tympanic and mastoid cavities are aerated. The staged CWUT with mastoid cortex plasty was selected for 23 ears with grade 3 aeration (well-aerated ears group) during 2ndSOP, the staged CWUT with bony mastoid obliteration for 27 ears with grade 0~2 aeration (poorly-aerated ears group).

Results: Aeration between 1stSOP and 2ndSOP was improved in 70% of all. Then, by mastoid cortex plasty, 91% of grade 3 ears during 2ndSOP maintained that level up to recent CT. By bony mastoid obliteration, 69% of grade 2 ears and 90% of grade 1 ears maintained their aerations. A deep pocket formation occurred in 0% of grade 3 and 2 ears, 20% of grade 1 ears and 33% of grade 0 ears. There was no significant group difference in aeration level during 1stSOP, and the proportion of the two groups during 2ndSOP was 48% vs. 47%.

Conclusions: Staging is instructive for understanding long-term changes in aeration status. The selection of mastoid cortex plasty or bony mastoid obliteration is suitable and reliable for stabilizing postoperative aeration levels.

doi:10.1017/S0022215116001973

Free Papers (F642)**ID: 642.5****Chronic otitis media were cleared and tympanic cavity forming 120 cases of clinical experience**

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Learning Objectives: Otitis media is the most common otology diseases, with the development of imaging and ear microsurgery, the close type - keep plane wall of mastoid tympanic cavity forming or open - removal of the external auditory canal mastoid lesions cleared a parallel tympanic cavity forming period tympanoplasty, eventually reach function reconstruction, restore hearing. We have between January 2011 and January 2011, 120 cases of surgical observation data integrity is coming back reports as follows.

1 data and methods**1.1 clinical data**

Group, 120 cases of patients, aged 15 to 71 years old, the average age of 34, 73 cases of male, female 47 cases, 68 cases of simple type chronic otitis media and cholesteatoma otitis media 52 cases.

1.2 operation method

The closed type - keep plane wall of mastoid tympanoplasty 102 cases, many options open mastoid area lesion - removed