

of eradicating infection with *Pseudomonas aeruginosa*. The patient will be re-evaluated periodically and also it requires long term follow-up using IRM examination.

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Hearing Results of Type III Tympanoplasty

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Learning Objectives: to analyze the prognostic factors in type III tympanoplasty.

Hearing Results of Type III Tympanoplasty.

Objective: We report the hearing results of type III tympanoplasty to analyze the prognostic factors in type III tympanoplasty.

Methods: Patients who had been performed type III tympanoplasty in our department between October 2004 and February 2015 were retrospectively analyzed. Almost patients underwent tympanoplasty with postauricular incision and canal wall up procedure.

Results: 317 patients underwent type III tympanoplasty in our department. The mean age was 47 years (range, 3 to 82 years). 87.4% of patients had an air-bone gap (ABG) of less than 20 dB. The average postoperative ABG is 12.8 dB. Hearing results were successful in 93.4% based on criteria proposed by the Otological Society of Japan. The hearing results of canal wall up Type III tympanoplasty were significantly more favorable than canal wall down. On comparison of columella, ceramic bone showed significantly poorer than autograft.

Conclusion: Canal wall up Type III tympanoplasty yields relatively good hearing results.

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Cochlear Implantation in Chronic Otitis Media

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Learning Objectives: 1. Understand the necessity of initial management of chronic otitis media prior to cochlear implantation 2. Be aware of the advantages and limitations of

simultaneous and staged surgical management of chronic otitis media and cochlear implantation 3. Appreciate the necessity of long-term follow-up of patients with chronic otitis media undergoing cochlear implantation.

Introduction: Cochlear implantation in patients with a history of chronic otitis media may present substantial surgical challenges. The purpose of this study was to review the management and surgical outcomes of adults at the University of Ottawa Auditory Implant Program undergoing cochlear implantation who have a history of chronic otitis media.

Methods: A retrospective chart review of adults undergoing cochlear implantation since 1992 was performed to identify those patients who had required surgical management of chronic otitis media with or without cholesteatoma prior to implantation. Medical records were reviewed to identify surgical procedures required for chronic otitis media management and ascertain long term outcomes after cochlear implantation.

Results: Seven patients (3 male, 4 female) were identified who required surgical management of chronic otitis media prior to cochlear implantation. The mean age at cochlear implantation was 66.4 years (39–80). Five patients required an intact wall mastoidectomy for management of chronic otitis media. Of these, two underwent a tympanoplasty for management of a tympanic membrane perforation and two required placement of a ventilation tube for chronic middle ear effusion. Two patients required mastoid obliteration and blind sac closure of the external auditory canal (subtotal petrosectomy). Cochlear implantation was performed approximately 6 months later. The mean length of follow-up is 3.7 years (11 months – 7 years). All patients derived substantial benefit from their cochlear implant without long-term complications.

Conclusions: All patients successfully first underwent surgery for chronic otitis media and subsequent cochlear implantation approximately 6 months later without long-term complications. Although simultaneous surgical management of chronic otitis media and cochlear implantation may be considered in selected cases, staged surgical management is a consistently effective option for this difficult condition.

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Narrow Facial Recess

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Learning Objectives: To make otologic surgeons must be familiar with facial recess anatomy on temporal bone CT images. To interpret radiological abnormalities preoperatively to minimize complications during CI surgery. To estimate the width of the facial recess by measuring the distance between the external auditory canal and vertical segment of the facial nerve. To discuss alternative approaches to CI in case of narrow facial recess.