8. Audiometry showed left conductive hearing loss. CT showed the fusion of the head of malleus and the wall of epi-
tympanum in left side. He underwent left type I tympano-
plasty, and got an effective hearing level. However, after 6
months, the hearing level in the left ear was the same as pre-
operative one. The recurrence of fixation of the malleus head
was suspected.

Case 2: The case was 9-year-old girl. She had recurrent otitis
media at the age of 3. Though her otitis media was improved,
she had still left conductive hearing loss. Thus, she had been
referred to our department at the age of 6. CT showed the
fusion of the head of malleus and the wall of epitympanum
in left side. She underwent left type IIIc tympanoplasty,
and got an effective hearing level.

Conclusion: It was suggested that type IIIc tympanoplasty is
more appropriate approach for a malleus ankylosis than type
I tympanoplasty.

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The improvement of the bone hearing
thresholds after removing cholesteatoma
from the round window: our experience
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Learning Objectives:

Background: 30% of all patients treated in our ENT-depart-
ment are patients with the pathology of middle ear. Out of all
our patients with chronic otitis media 54% have cholestea-
toma. Hearing function recovering is considered as impotent
as complete cholesteatoma removing.

In some cases of cholesteatoma it was observed that after
surgery there is an improvement not only of sound conduc-
tion but also of sound perception.

Objective: The investigation of possible reasons of sound
perception improvement of patients after removing chole-
steatoma with tympanoplasty.

Materials and methods: An assessment of 256 patients
hearing results was carried out retrospectively. The patients
underwent surgery on account of chronic otitis media with
cholesteatoma from 2009 to 2015. Hearing assessment was
analyzed by data mean value for 4 frequencies: 500;Hz, 1000
;Hz, 2000;Hz, 4000;Hz before surgery and 3 and 6
months after surgery. Moreover, air-bone interval, air-con-
ductive thresholds and bone-conductive thresholds were
assessed before and after surgery, and the absolute increase
of air conduction was measured after surgery.

Carefully recoded surgery protocols were analyzed.

Results and discussion: According to the analysis of data it was
found that an improvement of hearing thresholds mean value
occurs not only for air conduction but also for bone conduction
in 32% of the cases. All patients were divided in 2 groups: with
increasing bone conduction and without increasing bone con-
duction. Several points in these groups were analyzed.

According to the analysis of surgeries’ protocols, in 87%
of cases there was sound perception improvement of those
patients who had cholesteatoma localized in the round
window area and had it completely removed during surgery.

Conclusions: Removing cholesteatoma from the round
window region promotes sound perception improvement
due to the free movement of the round window membrane
that, in its turn, improves the movement of perilymph.

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Sigmoid sinus thrombosis and facial
paralysis associated to mastoiditis: A case
report

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Learning Objectives: Initial surgical approach (antromastoi-
dectomy) was not appropriate for this case. Right mastoidect-
omy, broad-spectrum antibiotics and anticoagulants has been
the treatment of choice.

Introduction: Otogenic sigmoid sinus thrombosis is a rare
complication of mastoiditis. This paper aims to offer clinical
manifestation and management of sigmoid sinus thrombosis
and facial palsy secondary to mastoiditis.

Methods: A 72-year-old patient known with right antromasto-
dectomy in other ENT Clinic, was referred to our ENT
Department with right-sided otalgia, headache and with right
facial paralysis (loss of forehead wrinkles and inability to
frown, inability to close the right eye, the corner of the mouth
pulls down). Computed tomography with contrast administra-
tion indicated parafisial accumulations at right mastoid cells
and thrombophlebitis modifications in sigmoid right sinus.

Results: This case demonstrates rare but serious sequel of
mastoiditis: sigmoid sinus thrombosis and right facial paralysis.
Middle ear secretion culture was positive with growth of Pseudomonas aeruginosa. In this case, a right mastoidectomy
was associated with large spectrum antibiotics prolonged for 3 months. The anticoagulant therapy was
established also.

Conclusions: The particularity of this case lies in that neuro-
logical symptoms had a slow recovery and also the difficulty