Results: Post-operatively, both patients recovered well with no complications and audiometry showed no conductive hearing loss and no worsening of bone conduction. Both patients remain under long-term follow-up.

Conclusion: EECC can present with minimal clinical findings and hearing loss but can be very extensive which could lead to serious complications if left undetected for a long time. CT scanning is extremely helpful in assessing the extent of the disease and for assisting in pre-operative planning.

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Role of mastoid pneumatisation in paediatric cholesteatoma

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Learning Objectives: Study evaluates the factor of mastoid pneumatisation w.r.t paediatric cholesteatoma in accordance with “Evidence based medicine”. Pneumatisation of mastoid in children was found to be associated with extensive and recurrent cholesteatoma in our study.

Objectives: To study the correlation between mastoid pneumatisation and cholesteatoma in paediatric patients.

Materials & Methods: In a retrospective study design, the medical records of all the paediatric patients which underwent mastoid surgery for chronic suppurative otitis media-cholesteatoma disease were examined in the specific time period of: Jan 2010 to Jan 2016. The surgical pathology was correlated with the CT scan of the mastoid. Further, recurrence of cholesteatoma was also studied. Data was tabulated and statistically analysed.

Results: A total of 56 paediatric patients were evaluated, out of which 6 had sclerotic mastoid, 17 had diploic mastoid and 33 had pneumatic mastoid. Statistical evaluation of this data was found to be significant thereby implying that cholesteatoma development is more in pneumatic mastoid. Evaluation of our records further revealed that recurrence of paediatric cholesteatoma is also more in pneumatic mastoid.

Conclusions: It is thus hypothesised that a well pneumatised mastoid may lead to cholesteatoma. In addition, cholesteatoma is more extensive and might recur in a pneumatised mastoid in children.