

most common in Stage I. Our staging system which is classified from point of the cholesteatoma extent is simple and useful.

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Incidence of congenital cholesteatoma in persistent unilateral glue ear

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Learning Objectives:

Introduction: Early congenital cholesteatoma is often undiagnosed and usually presents only when the tympanic membrane is breached and the ear chronically discharges. Early detection and intervention of congenital cholesteatoma should intuitively allow better surgical outcomes. Otitis media with effusion could be an early indicator of underlying cholesteatoma and children presenting with persistent unilateral effusion should be investigated.

Method: Over a 5-year period from 1st March 2009 to 1st March 2014 every child with a persistent unilateral conductive loss, flat tympanometry for 6 months and normal tympanic membrane was listed for insertion of a ventilation tube. At follow up audiological evaluation, any child with persistent hearing loss underwent CT scanning to investigate for cholesteatoma and exploratory mastoid surgery where CT findings were suggestive.

Results: 29 patients in total, age range 3 to 12 years (mean 5 years) were listed for ventilation tube insertion. 2 patients were lost to follow up. 10 patients (34%) had persistent conductive loss at 3 months despite ventilating tubes; 6 patients (21%), age range 4 to 8 years (mean 5 years) had CT scans suggestive of congenital cholesteatoma resulting in mastoid exploration; 5 patients (17%), age range 4 to 8 years (mean 5 years) had congenital cholesteatoma and resulted in mastoidectomy/middle ear surgery.

Conclusion: Persistent unilateral glue ear in a child should be considered suspicious of congenital cholesteatoma. Insertion of a ventilation tube, audiology follow up and CT scan can screen for this otherwise undetected disease, allowing early intervention. The incidence of congenital cholesteatoma in persistent unilateral glue ear in this series is 17%.

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Clinical Incidence and Management of Otitis Media with Effusion in Vietnamese Children

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Learning Objectives:

Subject: Researching clinical incidence and active management of Otitis Media with Effusion in Vietnamese children and how OME often occurs together with other diseases of Recurrent Upper Respiratory Infections and Gastro Esophageal Reflux Disease. The diagnosis and treatment of GERD and RURIs sometime is essential in the treatment of OME.

Study: Retrospective review study.

Method: A clinical study of 300 Vietnamese children of RURIs, ages 6 months to 7 years at Thuy Tran ENT Clinic from 09/2008 to 04/2015. OME was diagnosed by endoscopy of the tympanic membranes and tympanogram. Treatment of OME was carried out by the traditional procedures and adenoidectomy if indicated. Treatment of recurrent nasopharyngitis consisted of daily endoscopic irrigation for 5–7 days of the nasal passage and Eustachian tubes with Natri Chloride 0.9% and topical antibiotic solution.

Results: 1/ Incidence of OME/ RURIs is 234/300: 78%. In which OME + Recurrent Nasopharyngitis + Adenoiditis + GERD: 115; OME + RN + Adenoiditis: 49; OME + RN + GERD: 46; OME + RN: 24. 2/ Hearing recovery: 192/234. 3/ Symptoms of RURIs were completely resolved for all patients without tonsillectomy. Follow up period: 6–12 months.

Conclusion: 1/ The incidence of OME / RURIs is 234/300. 2/ Management of RN and GERD on the patients of OME is necessary. 3/ RN in all cases of OME treated with the Modified Thuy Tran Technique yields good results without tonsillectomy. 4/ Limited antibiotics.

Discussion: 1/ The incidence of OME/RURIs of Vietnamese children is high. 2/ By the Modified Thuy Tran technique, endoscopic nasal irrigation cleans the nasal passage and Eustachian tube. 3/ A national program of OME in the developing countries should be considered. 4/ Public education on OME and GERD in children is necessary.

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Type I Tympanoplasty Meta-analysis: A Single Variable Analysis of More Than 26 Thousand Adults and Children From 214 Studies

Presenting Author: **Hsern Ern Tan**