

and the creation of a dry, safe ear. For reducing of incidence of frequent cleaning need after CWD, as well as for control of reretracted tympanic membrane after CWU tympanomastoidectomy, mastoid obliteration is preferable for many otological surgeons.

Material and Methods: 50 patients (16 to 65 y.o.) with cholesteatoma have been observed in this work. 34 ears have extensive cholesteatoma with erosion of posterior bony wall of ear canal. In 12 patients cholesteatoma involves only epitympanum, in 4-hole tympanic cavity. Posterior canal wall erosion due to cholesteatoma was indentified as the primary indication for radical mastoidectomy. Most patients mentioned periodic, only 7 of them- persistent otorrhea. All patients had conductive to mixed hearing loss with ABG more than 25 dB. 34 patients were undergone CWD, 16 CWU tympanomastoidectomy with mastoid obliteration using of bone pate' from the cortical layer of mastoid. Temporalis fascia has been used for tympanic membrane grafting and for covering of mastoid cavity filling with bone pate'. Tragal cartilage has been used in 27 patients for placement between the head of the stapes and fascia. In cases of cholesteatoma in the oval window area, ossiculoplasty is postponed for second look surgery.

Results: Among the 50 patients 42(84%) grafts healed. In 5(10%) patients cholesteatoma developed during 3 years after the surgery. In 3(6%) patients reperforation occurred without cholesteatoma.

Conclusion: The mastoidectomy with tympanic membrane grafting and mastoid obliteration provides eradication of disease, prevents reretracted of tympanic membrane in patients with middle ear cholesteatoma. The results of surgery are good basis for the second stage- ossiculoplasty with hearing improvement.

doi:10.1017/S0022215116006484

ID: IP152

Quality of life in patients with mastoid cavities dependent on aural care using COMQ12 - a disease specific PROM

Presenting Author: **Codruta Neumann**

Codruta Neumann¹, Alison Liu², Toby Vishom³

¹East Kent Hospitals NHS Foundation Trust,

²Kings College London Medical School,

³William Harvey Hospital, Ashford

Learning Objectives: To ascertain the impact of having a mastoid cavity requiring regular aural care in a nurse led clinic on quality of life. This study highlights the need for using PROM in assessing QOL in this population in order to inform decision making when offering revision surgery.

Introduction: Patients with mastoid cavities dependent on aural care experience a significant disruption of their life. We aimed to assess patient reported health and quality of life (QOL) following surgery for Chronic Otitis Media

(COM) using a disease specific patient related outcome measure questionnaire along with a generic QOL instrument.

Methods: Patients post surgical treatment of chronic otitis media for mucosal disease or cholesteatoma were recruited from nurse led clinics. All patients had mastoid cavities and no procedure to reduce or obliterate the cavity was undertaken at the time of primary or revision surgery. COMQ12 (chronic ear disease disease specific QOL) and Short Form 36 (SF36) questionnaires were administered.

Results: COMQ12 mean score was 14, median 13 (LQ6, UQ21), and range 2–31. SF36 scores were calculated for 8 domains, scored out of 100. Physical Functioning mean = 71 (median = 90, LQ = 35, UQ = 100); Physical role limitation mean = 63 (median = 100, LQ = 25, UQ = 100); Emotional role limitation mean = 79 (median = 100, LQ = 67, UQ = 100); Energy mean = 57 (median = 55, LQ = 50, UQ = 70); Emotional wellbeing mean = 75 (median = 80, LQ = 68, UQ = 92); Social function mean = 80 (median = 100, LQ = 63, UQ = 100); Pain mean = 74 (median = 90, LQ = 33, UQ = 100); General health mean = 51 (median = 62.5, LQ = 33, UQ = 62.5).

Conclusions: On COMQ12 the most troublesome ear specific symptoms were difficulty in hearing in background noise and the TV, discharge and tinnitus. The frequency of symptoms impacted mainly on time of work and need for medication. On SF36 energy showed least variation, with most patients affected to some degree. Patients generally had good emotional wellbeing, social function, and had little pain. Physical functioning and role limitation scored high, with more variability.

doi:10.1017/S0022215116006496

ID: IP153

Petrous Bone Cholesteatoma: The Manchester Experience

Presenting Author: **Hannah North**

Hannah North¹, Simon Freeman², Scott Rutherford², Andrew King², Charlotte Hammerbeck-Ward², Simon Lloyd²

¹Salford Royal Foundation Trust and Central Manchester Foundation Trust, ²Salford Royal Foundation Trust

Learning Objectives: To discuss the surgical management of petrous bone (skull base) cholesteatoma To discuss the difficulty in recurrence in balance with preservation of anatomical structures To discuss the rates of hearing and facial nerve preservation in this disease.

Introduction: Petrous bone cholesteatoma medial to the otic capsule is very rare. Classification has been described by Moffat and Smith. Surgical management of the disease is extremely challenging and is a balance between total clearance of disease and preservation of critical anatomical