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Learning Objectives: To review hearing results, long-term outcomes, and complications after ossiculoplasty.

Patients: 464 patients (3-88 years of age) undergoing ossiculoplasty with tympanoplasty or tympanomastoidectomy using cartilage tympanic membrane grafts, retrograde mastoidectomy with canal wall reconstruction or mastoid obliteration techniques between 1998 and 2012. All patients had at least 1 year of clinical follow-up.

Outcome Measures: Early and late audiometric outcomes, rate of successful air-bone gap closure and tympanic graft healing, and incidence of long-term complications.

Results: Hearing results were assessed in all patients with 1 year of longer of audiometric follow-up. There was no significant difference between adults and children for early hearing results (average post-op PTA-ABG [pure tone average air-bone gap] was 18.2 dB vs. 19.6 dB, respectively; $p = 0.306$), late hearing results (average final PTA-ABG was 18.6 dB vs. 19.4 dB, respectively; $p = 0.439$), or rate of air-bone gap closure to less than 20 dB (63.1% vs. 58.0%, $p = 0.282$). Complications were assessed in patients with 5+ years of clinical follow-up. Smoking was not found to have a significant impact on hearing results, but smokers had a significantly increased incidence of complications, as compared to non-smokers (34.7% vs. 14.0%, respectively; $p = 0.0003$). Revision surgeries were required in 10.3% of patients, and half of these revisions occurred more than 5 years after the initial surgery.

Conclusions: In uncomplicated cases, hearing results remain stable in the long term following ossiculoplasty. Failures of ossiculoplasty, complications and recurrence of conductive hearing loss may occur at any time, with half of revisions occurring more than 5 years after the initial surgery.

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Mastoid Obliteration – A case series review of our practice and a financial case to do more?

Presenting Author: **Paula Coyle**
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Learning Objectives: To collate a review of our experience with mastoid obliteration over the last ten years. Evaluate the cost effectiveness of mastoid obliteration in the chronically discharging ear.

Introduction: The chronically discharging ear after open mastoid surgery for cholesteatoma can be problematic to manage for the Otolaryngologist requiring numerous appointments. In the current climate of cost saving within the NHS,

we must balance clinical evidence and cost. We review our practice of Mastoid obliterations in our district general hospital in the UK over the last ten years to look at both success and cost.

Methods: All the notes of patient who had mastoid obliteration over the last ten years were reviewed. The cases were found by going through the theatres scheduling records. We reviewed the preoperative, intraoperative and postoperative course of each patient. We report on our technique, the success rate of improving symptoms, audiogram changes and complications. We compare the monetary costs of the patient's preoperative versus operative and postoperative costs.

Results: There were 14 patients, six male and eight female with an mean age of 46.7years. They had been listed for mastoid obliteration due to chronically discharging ear. All mastoid cavities were obliterated with bone dust, fat and fascia lata graft. Postoperatively patients reported their symptoms had improved and some also reported quality of life improvement including confidence and embarrassment in social situations. Subjectively some patients even reported their hearing had improved and leaving a small dip in the obliterated cavity of the external auditory canal for a conventional ear-level hearing aid was a bonus for patients. Patients preoperative costs and therefore presumed continued costs, justified the operation and postoperative costs.

Conclusions: We conclude that in the correct patient group mastoid obliterations are beneficial to both the patient and the NHS.

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Cholesteatoma Decoded – Indian Scenario

Presenting Author: **Jyoti Dabholkar**

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Learning Objectives: 1. Complete eradication of disease by adequate exposure, proper saucerisation of mastoid cavity, adequate lowering of the facial ridge and wide meatoplasty are four main principles for a dry cavity. 2. Obliteration in select cases is required to create an optimum sized cavity. 3. Hearing improvement, though secondary, is vital and should be attempted if eustachian tube function allows.

Introduction: Cholesteatoma continues to pose a significant challenge to otologic surgeons, especially in developing countries. Challenges include: advanced stage with extensive spread, complications at presentation and different degrees of expertise of treating physicians. Being a tertiary care centre, we are faced with above problems and revision surgeries. This study was conducted to understand the behavior of cholesteatoma, intraoperative findings and to assess results in terms of cavity status and hearing outcome.

Materials and methods: This prospective study was conducted at KEM Hospital, India in 216 patients operated