

ganglion focusing the importance of the floor of the anterior epitympanum.

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Cholesteatoma in children, is it really particular?

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Learning Objectives:

Introduction: Cholesteatoma is a serious middle ear disease, affecting both adults and children. It is more special in children. Occurred on a pneumatized mastoid, cholesteatoma in children is more aggressive with a great potential of extension and a high tendency to recurrence. Although in literature many authors support this hypothesis, others still disagree with this point of view at the present time. Therefore, the particularity of cholesteatoma in children is a reality or just a myth? Our study aims to emphasize on this issue.

Materials and methods: with a longitudinal-type study on 82 cases of acquired cholesteatoma in children at ENT department of Ferhat Abbas university and Chawki & Achwak clinic between January 2004 and December 2015. The aim of this work is to illustrate the clinical, para clinical and therapeutic features of cholesteatoma in the pediatric population and highlight the main characteristics.

Results: The main reason for consultation is largely driven by the fetid otorrhea (96.5%), hearing loss, however, is well behind (66.7%). It is worth noting that Tubal dysfunction, adaptation disease, allergy are very common and characterize children. CT scan is the imaging method of choice in the pre-operative evaluation. It provides useful details, particularly regarding the pneumatization of the mastoid. Thus, confirming that cholesteatoma in children occurs on a very pneumatized mastoid which usually belongs to younger children. Granulation tissue in the middle ear and the mastoid cavities, denuded facial nerve, very extensive cholesteatoma are the most common difficulties to remove the disease and to prevent the recurrence which is absolutely higher than that observed in adults.

Conclusion: Cholesteatoma of the child is special because the child himself is special. The large clinical latency and the misdiagnoses complicate not only the task of the surgeon but also the prognosis with a high potential of recurrence whatever the technique used.

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Endaural Approach through Post auricular Incision

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Learning Objectives: Endaural approach can be performed through postauricular incision. Author has 20 years of experience using endaural approach in cholesteatoma surgery. Author will discuss the surgical technique, patient selection, difference in surgical drilling compared to cortical mastoidectomy, and results. Endaural approach allows minimally invasive surgery for cholesteatoma patients with fast recovery and smaller mastoid cavity for post-operative care. Hearing results are competitive to cortical mastoidectomy results. Case selection is important but also surgery can easily switch into canal down procedure if the pathology is larger than predicted before surgery. Cartilage grafting is an important part of the surgery and graft material is usually obtained from auricular concha rather than tragus.

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Comparative study on different graft tissues for simple myringoplasty

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Learning Objectives: Comparison of three different autologous graft tissues in simple myringoplasty in terms of effectiveness and hearing gain.

Introduction: In case of chronic otitis media it is possible to reconstruct the defect of the eardrum with different autologous materials: fascia (F), perichondrium (P), or cartilage (C). Last tissue shows greater resistance but might reduce the gain of the auditory canal due to its thickness. Aim of the study is to compare the effectiveness and the success in auditive gain of the 3 different tissues in simple myringoplasty.