

54 ICW cases, 25% of mastoid reconstructions. This was evidently due to the ittegular mesh surface causing more local reaction, but also occurred in case where wall resorption occurred after ICW. In these cases recurrent disease penetrated the mesh.

Technically, sheeting was simpler to use, as mesh snagged on the local soft tissues. At second stage surgery, sheeting was more easily cleared of fibrsosis during inspection for residual disease.

Conclusions: Titanium sheeting was highly successful in EAC defect repair, and handles better than mesh. Due to accompanying complications, mesh is no longer in use.

doi:10.1017/S0022215116005168

ID: IP020

The Use of Internet Videos in Otolaryngology Training in Domestic and International Cohorts

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Learning Objectives:

To establish the prevalence of Internet video usage for self-education.

To determine the most used sites.

To ascertain how trainees and trainers assess the quality of individual videos.

Introduction: Internet based videos are increasingly used throughout medical education. We wished to investigate the use of Internet videos for personal education in otological surgical training both in the UK and internationally.

Method: A short questionnaire was constructed to assess the use of Internet videos for education in otological surgery. It was distributed to participants at two temporal bone courses: a regional ENT registrar course held in the UK and an international course held in France.

Results: 21 delegates completed surveys at each course. All responders in the UK were UK based registrars. The international cohort comprised 14 European and 7 non-European delegates. Use of Internet videos for personal education was very high in both groups - 76% and 90% respectively. 42% of the international cohort used videos for pre-course preparation. Delegates reported using their own judgment to access video quality (94% and 73%) whilst 5% in the international group looked for names with an international reputation. The most used site was YouTube.

Conclusion: Internet videos are an effective and often free source of educational material. Use of this resource is increasing globally across all surgical specialties. The

quality of videos available is variable and other than personal assessment there remains no way to determine the standard of videos accessed.

doi:10.1017/S002221511600517X

ID: IP021

Is endoscopic ear surgery an option to manage middle ear cholesteatoma?

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Learning Objectives:

Introduction: In the last decades, the use of endoscopes in ear surgery for the removal of cholesteatoma has widespread significantly.

Objective: To describe a case series of transcanal endoscopic ear surgeries for cholesteatoma removal performed by our group. We evaluate the indications and outcomes of the endoscopic management of middle ear cholesteatoma. The characteristics, advantages, and disadvantages of this technique are also discussed.

Methods: A retrospective case series study, based on the review of patients submitted to transcanal endoscopic surgery in the period from January of 2011 to January of 2016.

Results: 23 patients with a minimum of 1-year follow-up (range 1 to 5-year follow-up) underwent endoscopic ear surgery for middle ear cholesteatoma in our group. Several kinds of cholesteatoma were included, most of them secondary acquired because of a chronic tympanic perforation. We also include some cases with primary acquired cholesteatoma with an intact ossicular chain. The outcomes were analyzed and the results were discussed.

Conclusion: We believe that transcanal endoscopic approach is a feasible, safe, and effective procedure in selected cases for limited cholesteatoma.

doi:10.1017/S0022215116005181

ID: IP022

The role of D2 weighted Magnetic Resonance Imaging in the management of cholesteatomas for the North of Scotland

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Learning Objectives: 1) To identify the rate of false positives and false negatives in our patients by correlating the radiological findings of D2-weighted MRI with intra-operative findings in patients with primary and recurrent cholesteatoma. 2) To determine the value of D2-weighted MRI in preventing the need for second-look surgery. 3) To determine whether a specific diameter of lesion observed on MRI can be established in order to predict the clinical significance of recurrent cholesteatomas.

Introduction: There has been increasing evidence that demonstrates the accuracy of non-echo-planar diffusion-weighted magnetic resonance imaging in the identification of cholesteatoma. This retrospective study aims to determine if the sensitivity and specificity of D2-weighted MRI used to evaluate the presence and recurrence of cholesteatoma, in the North of Scotland, is coherent with current published literature.

Method: Retrospective collection of data between January 2012 to December 2015 was conducted on patients that have undergone cholesteatoma surgery using operation codes and the review of theatre diaries. Electronic records of D2-weighted MRI findings and operative notes were reviewed and compared for comprehensive analysis. Results were then quantified in order to identify measurable outcomes (eg specificity, sensitivity).

Results: 41 of 235 patients whom had gone under tympano-mastoid surgery were confirmed to have received D2-weighted MRI. The results of this study are predicted to be concurrent with recent published data with a similar degree of sensitivity and specificity.

Conclusion: The high degree of accuracy in D2-weighted MRI observed will continue to decrease the need for second-look surgery in the North of Scotland. Data accumulated will provide additional evidence in the reliability of D2-weighted MRI to predict the clinical significance of recurrent cholesteatomas.

doi:10.1017/S0022215116005193

ID: IP023

Applied FESS posture in TEES cholesteatoma surgery

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Learning Objectives: As the frequently encountered condition of the cholesteatoma visible but out of reach in TEES with conventional instruments, the curved instruments and angular endoscopes are gradually developed and adopted in clinical practice. The cadaveric practice is essential to get used to operate together with curved instruments and angular endoscopes in narrower EAC of asian people. The frontal sinus FESS-like posture not only place the endoscope at safer place of hypotympanum but also

acquire more operation fields of attic/antrum and prevent doing harm to facial nerve and stapes as the conflict of endoscope and instrument in right ear surgery. With flexible-tip endoscope inspection of attic/antrum and regular post-operative follow up, the minimal invasive TEES, a.k.a Functional EES cholesteatoma surgery could be achieved on the limited cholesteatoma, increasing proportion in the developed country like Taiwan.

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doi:10.1017/S002221511600520X

ID: IP024

Characteristic of geno-phenotype on GJB2 p.V37I Variant Knock-in Mice

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Learning Objectives: To explore the phenotype of mice segregating the highly prevalent human GJB2 p.V37I variant and their differently expressed genes.

Materials and Methods: Mice from the same brood separately were divided into p.V37I Knock-in group with poorer hearing (KI, n = 10) and wild-type group (WT, n = 10). ABR was practiced every four weeks from 6-week-old to 50-week-old. Cochlears were dissected separately from 50-week-old mice for confocal immunofluorescence to count the number of hair cell. Another six 5-day-old mice also from same brood of each group were killed for cochlear. The RNA of harvested tissues were extracted and examined for analysis of Illumina MouseWG-6 v2 Expression Beadchip to compare the expression patterns by groups. Q-PCR were prepared for validation for results of the Mice Beadchip.

Results: KI group revealed progressive hearing loss from 30-week-old compared with WT group ($P = 0.002$), especially on frequencies of 4k, 24k and 32kHz. After dyeing by confocal immunofluorescence, it was found that 3 of 100 hair cells of middle and apical turn were missing under each field of microscope in KI group. The beadchip identified 929 up-regulated and 897 down-regulated expressed genes compared KI with WT group. Genes expressed in the