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**ID: IP217****Comparison between different donor sites of grafts to tympanoplasty**Presenting Author: **Chang-Yu Tsai**Chang-Yu Tsai, Chin-Kuo Chen, Wu-Po Chao  
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*Learning Objectives:* To review the literatures, it is still a controversy about different materials to take rate in tympanoplasty. This study aims to investigate the anatomical and outcomes of Transcanal Endoscopic tympanoplasty with different donor sites of grafts.

*Objective:* To review the literatures, it is still a controversy about different materials to take rate in tympanoplasty. This study aims to investigate the anatomical and outcomes of Transcanal Endoscopic tympanoplasty with different donor sites of grafts.

*Materials and Methods:* We retrospectively reviewed the charts of patients who underwent Transcanal Endoscopic tympanoplasty with different donor sites of grafts at the Chang Gung Memorial Hospital. All calculations were performed with a commercial statistical software package (SPSS 12.0 for windows)

*Results:* As a result, the take rate of transcanal endoscopic tympanoplasty and audiological outcomes was not related to different donor site. We will present our further outcome and discussion on the future conference.

*Conclusion:* In our study, there is no significant difference in the take rate of transcanal endoscopic tympanoplasty and various dorsal grafts. The results conclude the outcome of tympanoplasty with Transcanal Endoscopic Ear Surgery is similar as conventional microscopic technique.

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**ID: IP218****Mastoidectomy reconstruction with Sofradex®/bone pâté: is there a hearing effect?**Presenting Author: **Nitesh Patel**Jagdeep Virk<sup>1</sup>, Nitesh Patel<sup>2</sup><sup>1</sup>Whipps Cross Hospital, Barts Health, <sup>2</sup>Whipps Cross Hospital

*Learning Objectives:*

*Background:* The primary goal of cholesteatoma surgery is complete eradication of the disease and to produce a dry, healthy ear. A mastoid cavity following canal wall down

surgery can result in major morbidity due to chronic otorrhea and infection, difficulty with hearing aids, and vertigo with temperature changes, particularly when concomitant meatoplasty is performed. Mastoid obliteration with reconstruction of the bony external ear recreates normal anatomy to avoid such morbidity (and obviates the need for soft tissue meatoplasty). Bone pâté reconstruction is one of the surgical options but some controversy persists in its admixture with Sofradex®, with suggestions that this may induce a sensorineural hearing loss.

*Aim:* To examine the curative and hearing effect of the use of Sofradex®/autologous bone pâté for posterior canal wall and attic reconstruction following mastoidectomy in consecutive patients.

*Method:* Retrospective case series; autologous bone pâté was used in conjunction with Sofradex® in all cases.

*Results:* 28 patients were identified. Mean preoperative and postoperative bone conduction thresholds were 15.5 and 18.3 dB respectively (paired t test, p = 0.12, non-significant). Mean preoperative and postoperative air conduction thresholds were 44.6 and 44.8 dB respectively. Follow up ranged from 6–36 months, with a median of 12 months. All patients had a dry, healthy ear at long term follow up. There have been no cases of recurrent or residual cholesteatoma thus far.

*Conclusion:* Mastoid and epitympanic obliteration with autologous bone pâté and Sofradex® is a safe and effective technique. There is no current evidence that demonstrates sensorineural hearing loss with the concomitant use of Sofradex®.

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**ID: IP219****Relationship of Tympanogram Width (Tw) with Adenoid Hypertrophy: Predictor of Otitis Media with Effusion Occurrence in Adenoid Hypertrophy**Presenting Author: **Ahmad Dian Wahyudiono**Ahmad Dian Wahyudiono<sup>1</sup>, Andrew Halim<sup>2</sup><sup>1</sup>Faculty Medicine of Brawijaya University, <sup>2</sup>Department of Otorhinolaryngology-Head and Neck surgery Faculty Medicine of Brawijaya University

*Learning Objectives:*

*Abstract:* Otitis media with effusion (OME) is difficult to detect because the symptoms and signs are not typical or even asymptomatic. Adenoid hypertrophy is an important cause of OME in children. There are many researches about relationship of adenoid hypertrophy and OME in children. *Tympanogram width* (Tw) has been known to be a sensitive parameter for diagnosis of OME.