Introduction: Cochlear implantation (CI) is typically performed though a mastoidectomy and posterior tympanotomy approach. Successful implantation via this approach depends upon accurate identification of the round window niche (RWN), which can be difficult in patients with limited RWN visibility.

The facial recess (FR) is defined as the mastoid air cells between the chorda tympani nerve and the vertical segment of the facial nerve (FN). If the space between the external auditory canal (EAC) and the FN is more than 2–3 mm, the width of the facial recess can be considered as normal. We present a case with a narrow FR diagnosed on preoperative CT and provide a description of the surgical technique used for CI.

Case Presentation: A 50-year-old female with bilateral profound sensorineural hearing loss (SNHL) presented for CI evaluation. CT demonstrated the space between the vertical segment of the FN and EAC in her right ear to be normal whereas in the left ear the space was narrow; the vertical segment of the FN was positioned nearly beneath the EAC.Therefore, the bony part of the EAC (approximately 0.5 cm in diameter) adjacent to the FN was removed while preserving the integrity of the overlying skin. This permitted greater access to the middle ear. The electrode array was placed via RW approach uneventfully through this technique. The defect in the EAC was reconstructed with a cartilage graft obtained from the concha and the EAC skin was returned to its original position.

Conclusion: When HRCT images indicate limited RWN visibility, surgeons must be prepared to use alternative procedures rather than the posterior tympanotomy approach alone. Removal of a part the posterior EAC wall can increase RWN exposure instead of further enlargement of the FR. The borders and width of the FR can be estimated by measuring the distance between the EAC and vertical segment of the FN. The optimal surgical method can be chosen intraoperatively by an experienced CI surgeon.

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Congenital cholesteatoma of the mastoid: case report and literature review

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Learning Objectives: Congenital cholesteatoma located in the posterior portion of the mastoid is very slowly growing and some may be treated conservatively.

Introduction: Congenital cholesteatoma of the temporal bone is a relatively rare disease. Most of them occur in the middle ear causing hearing impairment and thereby early detection. Congenital mastoidal cholesteatoma, on the other hand, prevalent in the posterior portion of the mastoid, causes no or few, mostly non-specific symptoms and therefore the diagnosis is delayed. In all previously reported cases eradicating surgery was performed.

We present the so far oldest case of congenital mastoidal cholesteatoma, a 87- year old woman. The process was found incidentally on radiology when admitted for dizziness.

The symptoms, radiological and intraoperative findings, and treatment is discussed in the light of previously reported cases.

Methods: We assessed the patient's medical history retrospectively. A conservative approach was applied with clinical follow-ups and radiology to evaluate any progress or new symptoms correlated to the cholesteatoma.

The Pub Med database was used to search for previously reported cases of congenital mastoidal cholesteatoma.

Results: There was no aural history and the tympanic membrane as well as audiometry were normal at admission. The initial high resolution CT and MRI with cholesteatoma protocol were conclusive. Large bone destructions were present. A one year follow-up with watchful waiting including aural examination and radiology will be presented. Previously, around 30 cases were reported, all being operated at ages ranging between 7 and 77.

Conclusions: This case shows the very slow progress of congenital mastoidal cholesteatoma as it had obviously prevailed during her 87 years of life. The case raises the question should congenital mastoidal cholesteatomas not be treated surgically but instead be handled conservatively, with watchful waiting, in the absence of disabling symptoms?

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Quality of Life After Mastoid Cavity Obliteration: The Blackburn Experience

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Learning Objectives:

1. Use of cartilage in MCO and PCR.
2. Effect on QOL of patients after using cartilage for MCO/PCR.

Introduction: Otologists have tried indigenous alterations in mastoidectomy technique to improve outcomes of chronically discharging ear(CDE). Currently, the surgical management of CDE entails modified radical mastoidectomy(MRM). However it leaves cavity open & prone for discharge along with problems such as wax formation & giddiness.Literature review suggests that mastoid cavity obliteration(MCO)/posterior wall reconstruction(PWR) has low complication rates. Various materials such as cartilage,bone cement & soft tissue are commonly used.

Objective: Pts with MCO require less cavity care and thus decreased dr dependence. Our study was aimed at finding