

Karl Hüttenbrink
HNO-Klinik der Universität zu Köln

Learning Objectives: TBC

The reconstruction of the ossicular chain has the goal to connect the vibrating tympanic membrane with the inner ear via the stapes. Two aspects have to be considered: Firstly the Hi-Fi sound transport. For this purpose, the prosthesis has to be anchored tightly to the vibrating structures in order to avoid a loose contact. Any soft tissue in the gap between the prosthesis and the vibrating structures will reduce the energy transmission due to its damping effect. Secondly, the prosthesis has to be stabilized against a displacement by static forces, like atmospheric pressure variations, scar tissue traction, tympanic membrane retraction etc. Simple water-adhesion is not solid enough for the stabilization of the prosthesis against these forces. Therefore, new designs for a more stable attachment are necessary. They must not only guarantee a stable positioning, but, especially in cases of cholesteatoma surgery with its high risk of recidives, an easy removing must be possible, to reduce the risk of a stapes' luxation.

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Big Cholesteatoma: How I do it (2) (V737)

ID: 737.1

Large Cholesteatoma

Presenting Author: **Levent Olgun**

LEVENT Olgun
Izmirbozyaka Teaching Hospital

Learning Objectives:

Introduction: Large cholesteatomas are generally congenital origin and by the years reach considerable sizes. Most of the cases may be indolent for years and first detected only after development of complications.

Method: Between 2010–2016 34 large cholesteatomas were operated on at Izmir Bozyaka Teaching and Research Hospital ENT Clinic. Eighteen of them sought attention because of intratemporal complications, intracranial complications led to surgery in 4 other cases. In this presentation short clips of operative videos of some of these cases would be shown and important points would be stressed.

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Big Cholesteatoma: How I do it (2) (V737)

ID: 737.2

Intra-op warning signs to look for in implant surgery

Presenting Author: **Mohan Kameswaran**

Mohan Kameswaran
Madras ENT Research Foundation (P) LTD

Learning Objectives: The otologist very often has to deal with extensive cholesteatoma in the Indian population. This video presentation will focus on extensive cholesteatoma and its management.

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Mastoid Obliteration (R741)

ID: 741.1

Why consider obliterating the mastoid in cholesteatoma surgery anyway? Lessons learnt from changing treatment strategy, preliminary results and future perspectives

Presenting Author: **Robert Jan Pauw**

Robert Jan Pauw, Mick Metselaar, Anne van Linge, Laura Veder, Bas Pullens, Marc van der Schroeff
Erasmus MC

Learning Objectives: To demonstrate the advantages of mastoid obliteration in cholesteatoma surgery. To emphasize the importance of structured follow-up after cholesteatoma surgery in order to assess both medical and patient reported outcome measures.

Mastoid obliteration in cholesteatoma surgery can decrease the cholesteatoma recurrence rate.

In the Erasmus Medical Center we have implemented canal wall up tympanoplasty with bony obliteration of the mastoid as the treatment strategy of choice for primary or recurrent cholesteatoma. Preliminary results of this treatment strategy will be shown and compared to our previous results with cholesteatoma recurrence and residual rate as primary outcome measures.

Currently, all patients are included in a prospective database that includes not only medical outcome measures like cholesteatoma recurrence and residual rate, complication rate and hearing results, but also patient reported outcome measures using general and disease specific questionnaires. An overview of the current standardized follow-up regimen and the outline of the database will be given. A concept version of an interactive cholesteatoma dashboard that allows real time insights in different outcome measures will be demonstrated.

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Mastoid Obliteration (R741)

ID: 741.2

Mastoid obliteration 6 years follow up results. European trend, local peculiarities

Presenting Author: **Sergey Kosyakov**