

as an adjuvant instrument. Though totally transcanal endoscopic ear surgery (TEES) can provide wide surgical view without destruction of normal anatomical structures, it has disadvantage of one hand surgery with two instrument in relatively narrow ear canal. Surgical time for the TEES is longer than in microscopic surgery, especially for the beginners.

We use the endoscope for every cholesteatoma surgery as an adjuvant instrument for microscopic surgery. With combined approach from both transcanal and transmastoid approach, we use the endoscope of 45 and 70 degree for inspection of blind spot in the middle ear cavity, and remove the remnant or residual cholesteatoma with intact canal wall. The chances of canal wall down approach were reduced dramatically with this methods. This technique is very useful especially for adhesive middle ear disease, attic cholesteatoma and congenital cholesteatoma.

We will present the cases of adhesive middle ear disease, attic and congenital choesteatoma with this endoscope as an adjuvant for microscopic surgery.

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Updates in the surgical managements for cholesteatoma (N845)

ID: 845.5

Tailored management and long-term outcome of congenital cholesteatoma

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Learning Objectives: As the endoscopic exam of tympanic membrane in young children become more popular, detection rate of early stage of congenital cholesteatoma has been increased significantly. Once identified, every cholesteatoma should be treated surgically with a primary goal of total eradication to obtain a safe and dry ear. The congenital cholesteatoma at anterior superior quadrant can be removed relatively easier than the posterior located one. Posterior mesotympanic choelsteatoma spreads posterior-superiorly, medial to incus body. It invades into the facial recess and sinus tympani and is prone to involve stapes and its joint. Epitympanum and mastoid invasion should be accessed by temporal bone CT and diffusion MRI image technique. These preoperative diagnostic evaluation can prevent the unnecessary mastoidectomy. Nowadays, it has been more popular to use endoscope during ear surgery. By using endoscopic assistance, transcanal approach could be enough to manage the most of congenital cholesteatoma which does not extend to the mastoid. In addition to that, the use of endoscope is justified for direct visualization of the deep sinus tympani. A long term follow up is necessary in order to detect the residual or recurrent cholesteatoma. Unwanted retraction or adhesion of tympanum are not infrequent especially in the posterior mesotympanic cholesteatoma cases. Our experience and management algorithm will be discussed.

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Posterior mesotympanic choelsteatoma spreads posterior-superiorly, medial to incus body. It invades into the facial recess and sinus tympani and is prone to involve stapes and its joint. Epitympanum and mastoid invasion should be accessed by temporal bone CT and diffusion MRI image technique. These preoperative diagnostic evaluation can prevent the unnecessary mastoidectomy.

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Outcome measure in Cholesteatoma Surgery (R846)

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Systematic Review Questionnaires in Otology

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Learning Objectives:

- To help the ENT surgeon identifying the most suitable questionnaire for their practice.
- To give a brief overview of all available otologic questionnaires.

Introduction: A Patient Reported Outcome Measure (PROM), like a questionnaire, is a valuable tool in assessing quality of health care from a patient perspective. Questionnaires are widely used by otologists. However, the large number of available questionnaires makes it almost impossible for the ENT surgeon to choose which one to use.

Methods: A systematic literature search has been conducted using the Embase and Pubmed medical databases. Questionnaires addressing any otologic complaint (tinnitus, hearing, earache, otorrhea, itch, dizziness, pressure sensation, and taste) were evaluated for eligibility by two independent researchers. Inclusion criteria were: human adult population, closed end questionnaire, English language and availability of the original article describing the development of the instrument. Methodological quality was