2. Adaptations to the skin and soft tissue technique used may be required in children 3. Special circumstances, such as microtia cases, require particularly careful planning and collaborative working with the reconstructive surgeon.

Introduction: The appropriateness and effectiveness of BAHA in selected children and young people is well established. Lower than expected uptake in children has contributed to recent technological advances, most notably percutaneous BAHA without soft tissue reduction and the development of transcutaneous BAHA (Cochlear™ Baha® Attract System), aimed at improving cosmesis and reducing skin problems. Adaptations in surgical technique and special considerations may be necessary when undertaking BAHA surgery in children.

Methods: A single surgeon's experience of BAHA surgery in children will be reviewed and illustrated, with emphasis upon adaptations in skin and soft tissue surgical technique and decision making regarding siting of the fixture in relation to the pinna.

Results: Five scenarios will be considered: 1. 'No soft tissue reduction surgery', 2. Adapting the recommended surgical technique for ATTRACT surgery, 3. Transitioning from percutaneous to transcutaneous BAHA, 4. Simultaneous BAHA and mastoid surgery, and 5. Microtia. Illustrative cases will be presented for each scenario. Most notably changing the position of the skin incision for ATTRACT surgery from anterior to posterosuperior to the implant magnet, offers potential cosmetic benefits and avoids disruption of the soft tissue planes in planned autogenous pinna reconstruction cases. Inappropriate choice of the implant site may also compromise future pinna reconstruction. Scar tissue over the implant magnet does not lead to problems with pressure induced skin necrosis, when transitioning from percutaneous to transcutaneous BAHA.

Conclusions: Traditionally, cosmesis and recurrent inflammation have limited uptake of BAHA in children. Advances in BAHA technologies have led directly to greater applications in children. The anticipated development of an active transcutaneous BAHA promises further improvement in cosmesis and acceptability to children and young people.

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Late problems following surgery on chronic otitis media (N735)

ID: 735.1

Granular myringitis after middle ear surgery?

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Granular myringitis is a problem that we all encounter. There is no good definition for granular myringitis in post-surgical ears but the term is loosely applied to ears where there is a small area of granulation tissue on the grafted tympanic membrane or in the mastoid cavity.

It may appear many months after surgery in what was initially a well healed ear, and there are usually no obvious identifiable causes. There are several papers about granular myringitis in patients with no history of ear surgery but none about post-surgical patients. It is rarely mentioned in case series, but all surgeons encounter it.

There is no good evidence on aetiology or on treatment, in post-surgical cases or in non-surgical cases. Many treatment modalities have been reported in non-surgical cases including topical antibiotics/steroids, acetic acid, hydrogen peroxide, 5-fluorouracil, Castellani's paint, cautery, laser and surgery. Most of these, except surgery, are used in post-surgical cases.

It seems that most surgeons try a variety of treatments until the inflammation settles, which can take many months. There is no evidence for efficacy of any specific treatment. The most reasonable conclusion is that no specific treatment has been found to be effective in a significant proportion of patients.

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Late problems following surgery on chronic otitis media (N735)

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Problems associated with the use of Serenocem granules in mastoid obliteration

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Learning Objectives: Significant bone erosion has been detected in patients who have had mastoid obliteration using Serenocem granules. The lecture will discuss the issues regarding use of new materials. Advice will be given on how to report and investigate adverse reactions and the management of patients affected when things do not go to plan.

Serenocem granules are a ceramic granule produced by Corinthian Surgical in the United Kingdom. They have been marketed since 1997 as an ideal material for obliteration of the mastoid cavity. The author used the granules for mastoid obliteration in 40 cases over a 10 year period. Results were generally good however at recent revision surgery one patient was noted to have significant erosion of the temporal bone adjacent to the granules. Subsequent CT scanning of other patients found bone erosion to be a common finding, occurring in 75% of patients. The product was reported to the medicines and healthcare products regulatory agency (MHRA) and to the company. Other surgeons were contacted and similar findings were noted in their patients. The product was withdrawn by the company. Surgical findings will be illustrated with video. CT scans and histology will be presented. The possible aetiology will be discussed as well as the significant managment issues arising for the patients affected.