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**Current surgical approach to CSOM (R816)****ID: 816.1****Evidence based approach and quality control in management of otitis media with effusion and recurrent acute otitis media**Presenting Author: **Anna Granath**

Anna Granath

*Karolinska University Hospital**Learning Objectives:*

In Sweden approximately 10 000 children per year have surgery with tube insertion. The Swedish National Register for Tube Treatment includes children with otitis media with effusion (OME) or recurrent acute otitis media (rAOM). Clinics participate on a voluntary basis. The first version (1997–2008) of the register collected about 40000 cases. Data showed that a majority (75%) of the registered cases had tubes inserted due to OME. More boys (52%) than girls (42%) were included, supposedly mirroring the clinical situation. In 2008 the Swedish Council on Health Technology Assessment (SBU) initiated a systematic review on tube treatment in rAOM and OME. Based on this report national guidelines for tube treatment were drawn up, and the register was revised and later rebooted in 2013. The treatment guidelines include recommendations for hearing tests before and after tube insertion in cases of OME. Pre- per- and postoperative questionnaires are submitted by the participating clinics and there is also a postoperative questionnaire answered by the parents (6 months postoperatively). Data extracted from the new registry on hearing results and patients satisfaction are now being reviewed. At present the new register contains about 7000 cases. Resent analysis indicate that the rate of pre-operative hearing tests is to low according to treatment guidelines. The gender difference with a majority of cases being male remains. The group of children with rAOM is younger than the OME-group. There is room for improvement concerning pre- and post-operative hearing tests, improved collections rates for the parent's questionnaires and the total rate of clinics participating in the register. A consultant group works on solutions for improvement, together with Centre of Registers Västra Götaland, which is the national hub for all the ENT-registers. Methods for using the register in clinical research are being developed, in order to answer relevant clinical questions.

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**Current surgical approach to CSOM (R816)****ID: 816.2****Systematic approach to the surgical management of chronic suppurative otitis media and cholesteatoma**Presenting Author: **Joe Kutz**

Joe Kutz

*University of Texas Southwestern Medical Center*

*Learning Objectives:* 1. Describe a systematic approach for the surgical management of CSOM and cholesteatoma 2. Explain management options for challenging intraoperative findings 3. Discuss the decision making process on staging surgery.

Chronic suppurative otitis media (CSOM) and cholesteatoma are perhaps the most common surgical conditions encountered by the otologist. Surgical management is challenging because of the variability in the extent of the disease and the potential for recurrence. In this presentation, I will present a systematic approach to the surgical management of CSOM and cholesteatoma. In addition, the management of particularly challenging intraoperative findings and potential solutions will be discussed. Finally, the decision process for staging surgery will be discussed.

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**Current surgical approach to CSOM (R816)****ID: 816.3****One-stage transcanal atticotomy for epitympanic and mesotympanic cholesteatoma in adults: surgical techniques, anatomical and functional results**Presenting Author: **Daniele Bernardeschi**

Daniele Bernardeschi, Olivier Sterkers

*Pitié-Salpêtrière Hospital**Learning Objectives:*

*Objectives/Hypothesis:* Surgical management of cholesteatoma limited to the attic and/or mesotympanum remains controversial. The aim of this study was to evaluate the anatomical and the functional results of transcanal atticotomy (TA) in this pathological situation.

*Study design:* Retrospective medical record review.

*Methods:* Records of 27 adult patients treated from 2008 to 2014 who underwent TA for primary cholesteatoma surgery were reviewed. Preoperatively, physical examination, audiometry, and CT-scan have been analyzed. Intraoperative findings have been described as well as the surgical technique. Anatomical and functional results have been evaluated with a mean follow up (FU) of  $24 \pm 12.2$  months and the results of CT-scan imaging performed 1 year after surgery to evaluate the presence of residual disease.

*Results:* Surgeries were uneventful. During the FU, 1 patient (4%) experienced retraction of the attical reconstruction, all the other patients had a well-healed tympanic drum with stable attical reconstruction. The mean air-bonag was  $19 \pm 12.2$  dB and  $10 \pm 7.3$  dB pre-operatively and post-operatively, respectively (mean  $\pm$  SD,  $p = 0.001$ , paired t-test). Twenty-two patients (81%) had no opacity suggesting residual cholesteatoma in CT-scan. Four patients (15%) presenting opacity at CT-scan underwent MRI study that was negative for residual