

technique, reconciling the long term safety aim with excellent anatomical/hygienic outcome. The long term recurrence rates have dropped significantly in our series, as well as the residual rates. The vast majority of the patients report a dry, selfcleaning and water-resistant ear in the long term. The use of non-EP DW MRI as a screening tool for residual disease has obviated the need for routine second stage surgery and provides long term safety.

For us this solves the old debate of CWU versus CWD techniques in cholesteatoma management. Since 1997 we have completely abandoned the use of CWD techniques for the management of cholesteatoma. The suppression of the paratympanic cell system by complete bony obliteration seems to favourably influence the behaviour of the biologically unstable middle ear and its mucosal lining. The careful reconstruction of a solid bony partition between the mastoid and attic space on the one hand and the ear canal and tympanic cavity on the other hand seems to limit the effect of the pathological biological behaviour of the canal skin.

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Free Papers (F742)

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External Ear Otalgia treated with Subcutaneous Methylprednisolone Acetate injections – a novel case series

Presenting Author: **Paula Coyle**

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Learning Objectives: To show delegates a novel way of treating neuralgic external ear otalgia.

Introduction: Steroids are used in other specialities such as orthopaedics and anaesthetics for pain relief. It is felt that corticosteroids reduce pain by inhibiting prostaglandin synthesis which reduced inflammation and tissue oedema by stopping the reduction in tissue vascular permeability. They have also been shown to reduce spontaneous discharge in an injured nerve with reduced neuropathic pain. Steroids are in all ENT department as we use them regularly to help with other symptoms such as hearing loss and vertigo. We present five cases where steroids were used for neuralgic otalgia of the external ear over a year period in an ENT Clinic in a UK district general hospital.

Method: Usual causes of otalgia which can be varied and sinister had to ruled out with full history taking, examination including otoscopy and flexible nasendoscopy. Any further imaging needed was decided on a case by case basis. Patients were examined by the consultant under the microscope. The location of pain on the pinna or external auditory canal was tested by pressing the areas with the speculum or wax hook. Patients were verbally consented and subcutaneous Methylprednisolone Acetate in the form of Depo-Medrone 40 mg/ml was injected into the area. The patient's notes were reviewed and symptoms pre-procedure and post-procedure reviewed and assessed.

Results: Patients all had an improvement on their pain score. Most needed repeated treatment, but were grateful for the temporary relief.

Conclusion: To our knowledge this treatment has not been used in ENT before for managing otalgia. We have had great success with it with small patient numbers and over a short time period. It is easy, safe and practical in perform in the clinic room. We would conclude that large patient numbers and research is needed to assess the reliability, cost analysis and predictability of this procedure in the short and long term.

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Free Papers (F742)

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Chronic suppurative otitis media in adult cochlear implantation: a review of our experience

Presenting Author: **Nina Mistry**

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Learning Objectives:

- Importance of the prompt treatment of CSOM post-CI.
- Recognition of surgical factors when performing CI to minimise the potential for future CSOM development: avoiding or correcting damage to posterior canal wall and annulus.
- In cases of pre-existing CSOM, steps should be taken to treat the disease and prevent recurrence.

Chronic suppurative otitis media (CSOM), with or without the presence of cholesteatoma, may occur following cochlear implantation. At present, however, there is paucity of published data regarding the incidence and management of CSOM in adult cochlear implant (CI) recipients. Here we describe our experience of treating these patients and discuss important lessons learnt.

Details of all CI recipients who underwent procedures for CSOM from January 2001 to December 2015 were identified. Information regarding the patient's case history, type and timing of the surgical procedure, post-operative complications and CI use were collected.

Results: Eight CI patients with CSOM were identified (1.18% of patients undergoing CI during this period). The mean age at initial CI was 53 years. Two patients were identified as having pre-existing CSOM prior to CI and underwent simultaneous procedures. In the other 6 patients, CSOM developed post-CI with the main symptom being chronic otorrhoea. The mean time interval between CI and CSOM surgery was 5.6 years (range 3–11 years).