

CHOLESTEATOMA AND TYMPANOPLASTY

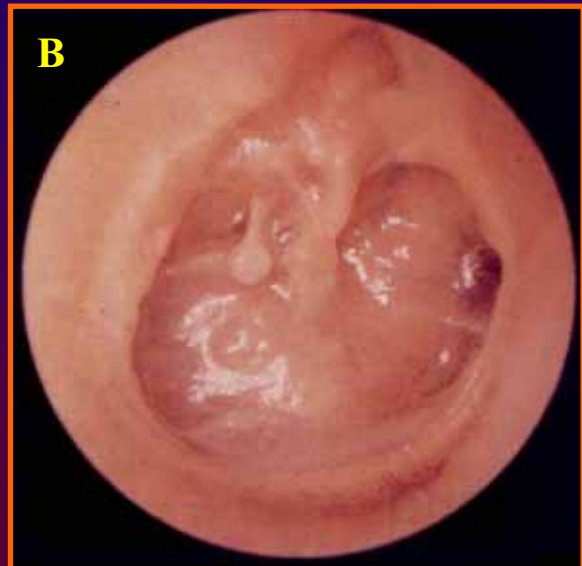
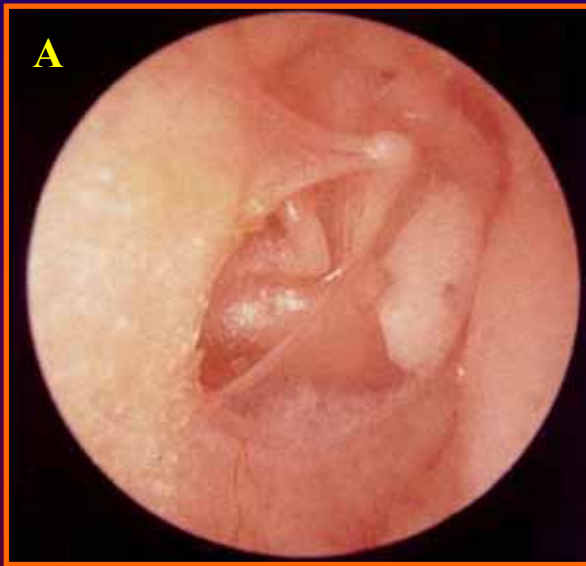
Mohamed BADR-EL-DINE, M.D.

*Otologie et Neurotologie; Service d'Otorhinolaryngologie
Université d'Alexandrie - EGYPTE.*

Panelists:

- Prof. Aziz Belal
- Prof. Douglas Mattox
- Prof. Peter Roland
- Prof. Alexis Bozorg Grayeli
- Prof. Mokhtar Bassiouny
- Prof. Hazem Abou Aleyon

Retraction pocket (atelectasis): How to manage ?



Do you believe any of these will turn into Chole?

Cholesteatoma is common in the
posterosuperior retraction/perforation.

What do you do for a pars tensa
retraction ??



Canal Wall Up Vs Canal Wall Down Technique ????

..... “ In conclusion, this study (CWU) has shown a much greater incidence of postoperative cholesteatomatous complications than with canal wall-down alternatives. The findings will support the views of those who regard removal of the canal wall as necessary for the long-term safety of patients afflicted by cholesteatomatous middle ear disease.”

Attic Cholesteatoma – Eroded Scutum

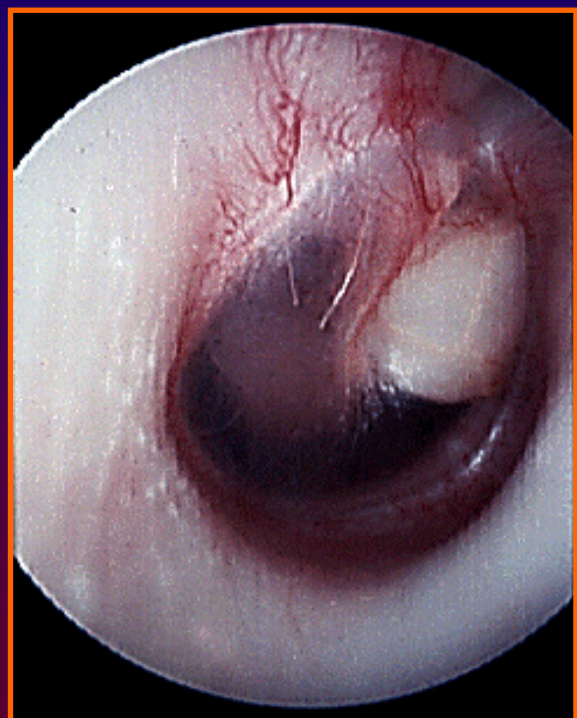


Attic Cholesteatoma – Eroded Scutum



Congenital Cholesteatoma

Do you feel the incidence of congenital cholesteatoma is greater than appreciated because of later perforation and destruction of the tympanic membrane?



- **Cartilage and tympanoplasty**

Retraction pockets play a role in the recurrence of pathology in all techniques.

- **Cartilage and tympanoplasty**

In the intact canal wall techniques, retraction pockets have been reduced more and more since nearly all clinicians have adopted the reconstructive method of using cartilage for covering all kinds of defects of the posterior bony canal wall.

Ossicular Chain Reconstruction

- **Cartilage and tympanoplasty**

For ossicular chain reconstruction the interpositioning of autologous cartilage is still our preferred technique.

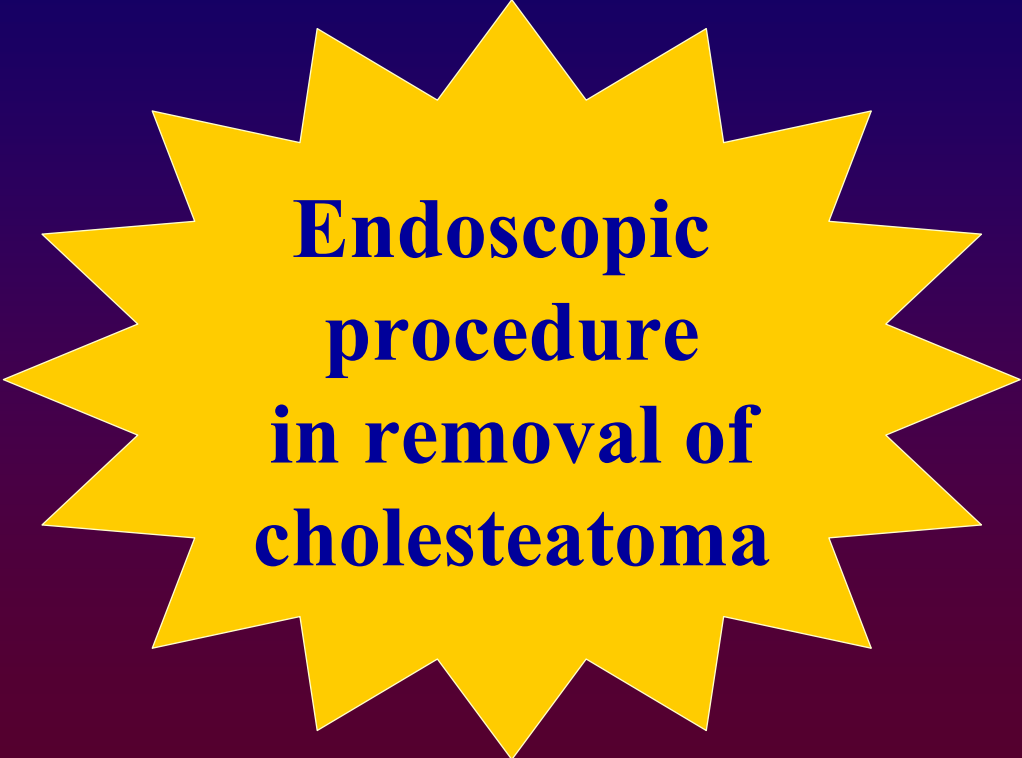
Remodeled ossicles??, and different sorts of ceramics TORPS, and PORPS are also used.

- How do you create a good middle ear space when there has been cholesteatoma with considerable inflammation and adhesions?
- Do you use Silastic (Thick? # Thin?) in the middle ear in cholesteatoma surgery?

- **Tracking the residual and/or recurrent disease ?**
- **Second look operation:**
 - **Is it mandatory?**
 - **How far from the primary surgery ?**
 - **Indication for performing 2nd stage inspection ?**
 - **Endoscopic vs. conventional surgery ?**

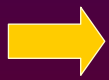
- Recurrence or residual cholesteatoma with the intact canal wall technique:

If you get a recurrence do you then take down the wall ??



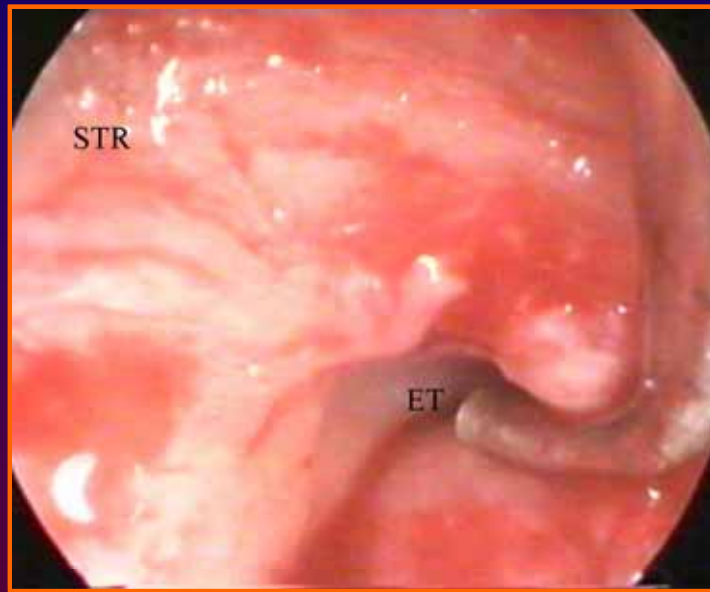
**Endoscopic
procedure
in removal of
cholesteatoma**

- Residual cholesteatoma is defined as recurrence from a fragment usually **unintentionally** left by the surgeon during primary cholesteatoma eradication.
- Residual disease tends to develop at locations in which **access** to the cholesteatoma matrix was difficult at the primary operation.
- Poor access is one of the major causes of failure in cholesteatoma surgery.



How do you manage to verify complete cholesteatoma removal ?

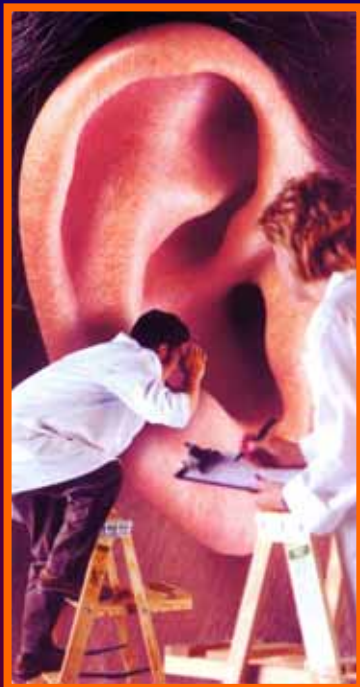
Verification of complete cholesteatoma removal proved possible through the magnified panoramic views obtained by the endoscopes.



With regard to the canal wall-up technique, do you consider :

- the economic status of the patient,
- his reliability for follow-up,
- and his age?

Meato-conchoplasty techniques ??



**Thank You
Dear Guests**

Thank You

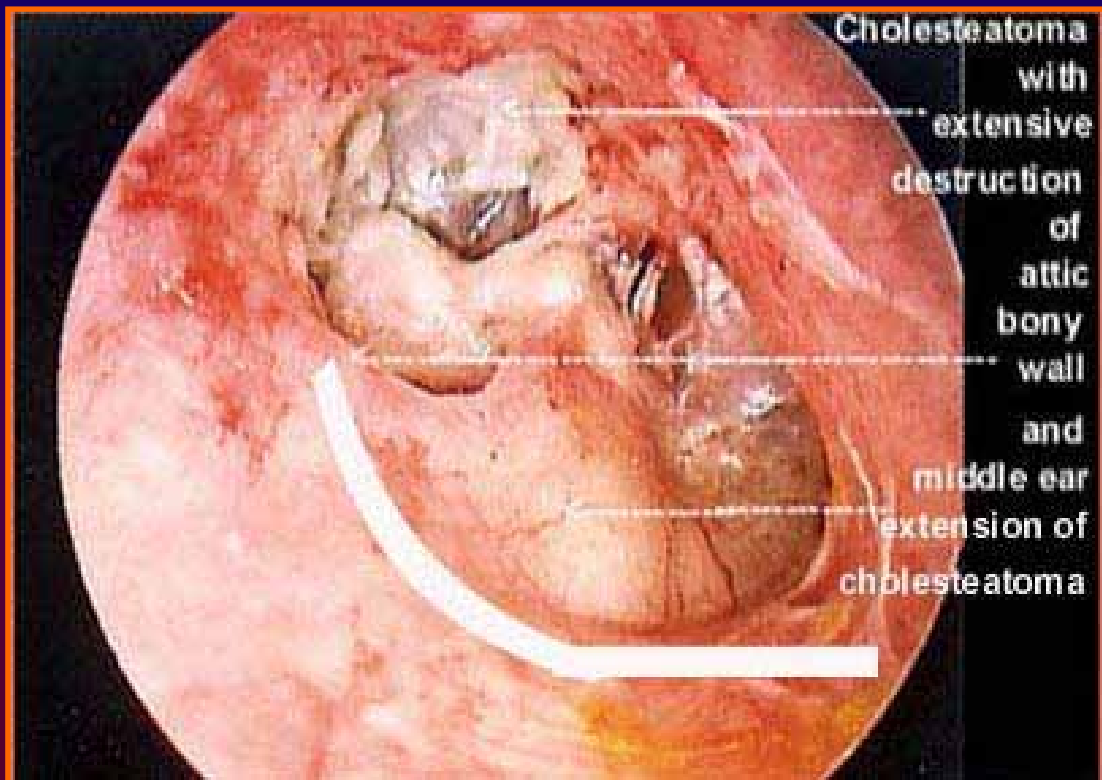
Thank You

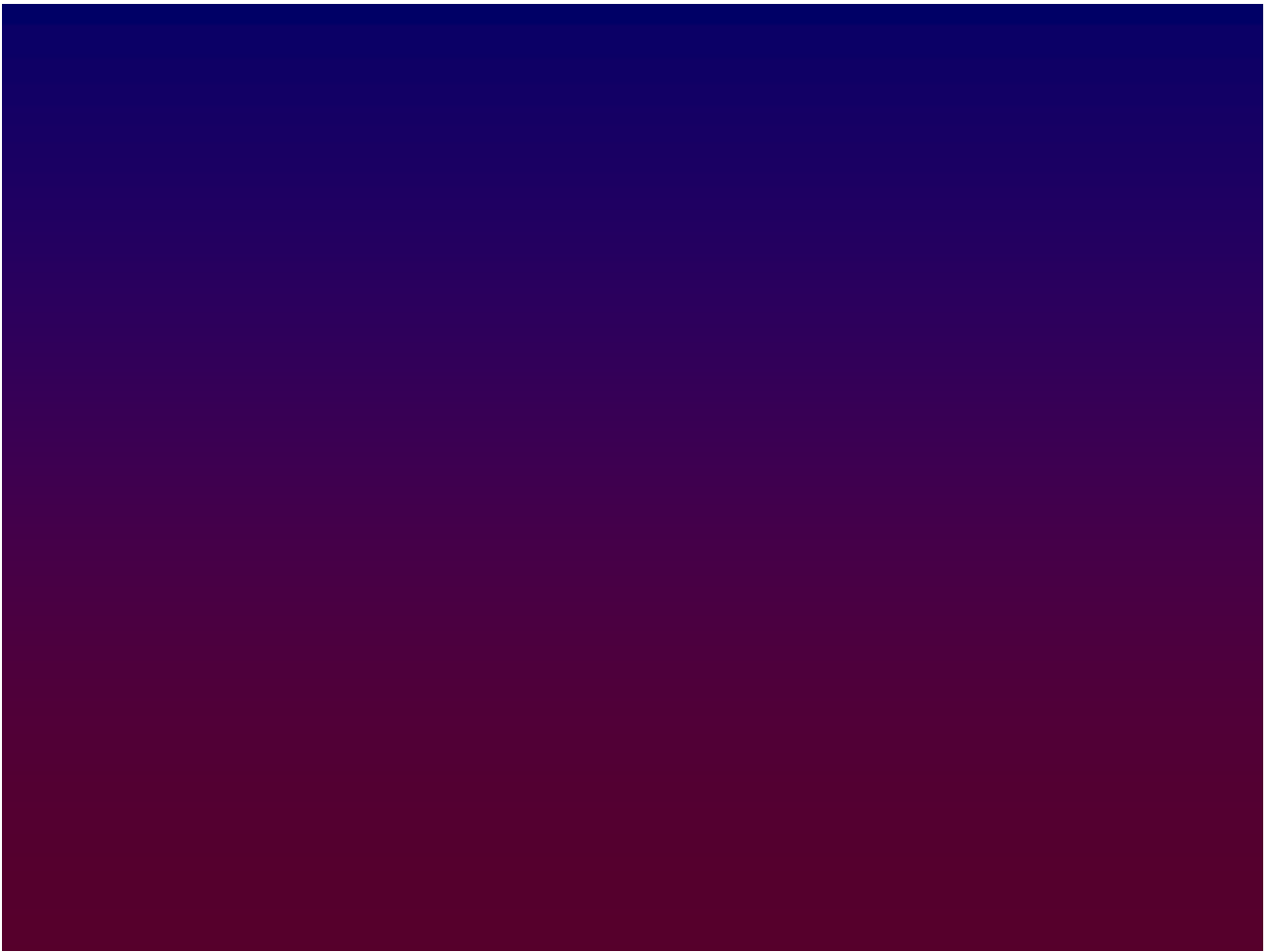
Merci

Thank You

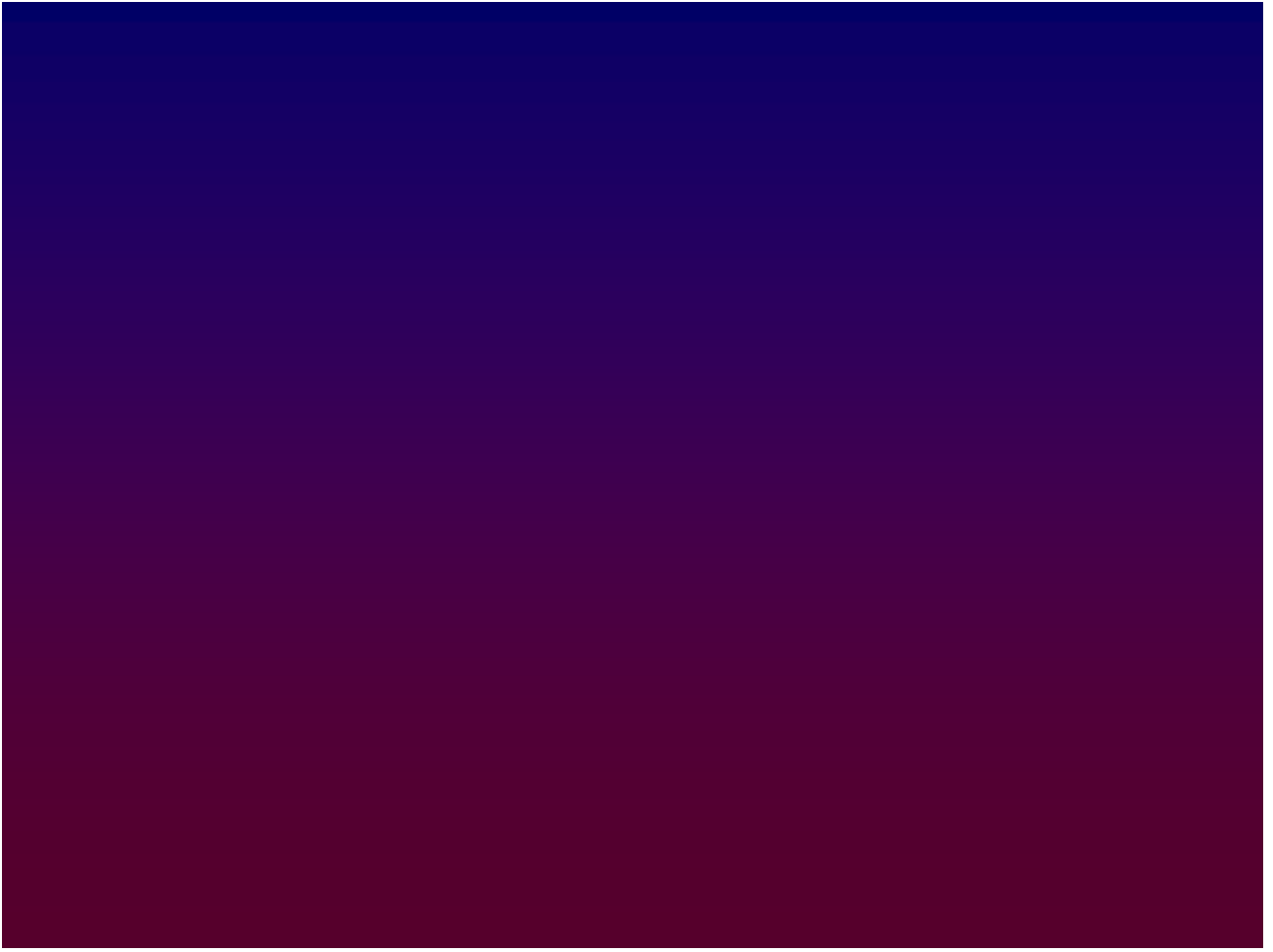
Prof. Dr. M. Badreldine

Attic Cholesteatoma – Eroded Scutum











THANK YOU

M. Badr-El-Dine, M.D.

“ On our earth ours what great good has ever been or can be gained except by sacrifice? It is, in every era, and in every zone, the law of life”

(Sir Charles Balance 1932)