

OTORHINOLARYNGOLOGY

August 07-08, 2017 London, UK

Effect of the weight of cartilage and fascia grafts on the audiological outcome of myringoplasty

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Statement of the Problem: The increased mass and stiffness of a cartilage-reconstructed eardrum might adversely affect its sound-wave transfer characteristics, its acoustic properties should be considered in making a choice of material. However, other studies show that covering the posterior-superior quadrant of the TM with thick or thin cartilage has little effect on middle ear sound transmission. Even, allowing the cartilage to extend a little beyond the bony annulus to help prevent postoperative TM retraction does not adversely affect middle ear sound transmission. Whatever these controversies are the weight of the graft never taken into consideration.

Aim: The purpose of this study is to analyze the current literature about cartilage and fascia myringoplasty and how results are. Simultaneously, we conducted our own study and compared our audiological results of cartilage myringoplasty and weighted both types of grafts to determine their mean weight.

Methodology & Theoretical Orientation: Fascia myringoplasty was done for group I (30 participants or 30 ears) and cartilage myringoplasty was done for group II (30 participants or 30 ears) then detailed statistical comparison of hearing results was done and mean of weight of the grafts was calculated.

Result: There was no significant difference in audiometric results between the two groups ($P>0.05$) despite of the large mass of the cartilage graft in comparison to the weight of fascia. Consequently, neither the mass nor the stiffness of the graft in cartilage myringoplasty has any effect on hearing thresholds.

Conclusion & Significance: There is no significant statistical difference between fascia and cartilage myringoplasty as regarding air and bone conduction hearing thresholds despite of heavy weight of the cartilage graft in relation to that of fascia. Recommendation study makes cartilage myringoplasty ideal operation for TM reconstruction without any fear of scarifying the hearing however the weight of its graft is more than twice that of fascia.

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Obstructive sleep apnea syndrome from A to Z

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Respiratory disorders are a big issue that affects around 60% of the population all over the world. It varies from simple snoring up to severe stridor which appears mainly during sleep. The cause of all respiratory disorders depends on obstruction, vibration or both. We can also find respiratory disorders in some rare cases like obesity hypoventilation syndrome or multisystem disease. The respiratory events start with simple snoring without symptoms of dyspnea or hypopnea. It may extend to arousals due to respiratory efforts (RERAs syndrome). With more and more distress, the hypopnea (decrease in oxygen) appears till complete apnea occurs with awakened stridor. The most common sequence of events in sleep respiratory disorders can be summarized into the following; simple snoring which leads to the increase in upper airway resistance and finally ending in a group of syndromes like obstructive sleep apnea syndrome (OSAS) (apnea, hypopnea, RERAs). In another sequence, snoring leads to uvular oedema which feels like morning obstructive sleep hypopnea apnea syndrome (ObSHAS). This leads to increase in arterial hypertension which causes daytime sleepiness. There are a lot of complications in OSAS which maybe local complications in mouse, nose and chest or CVS complications like erythema or hypertension or psychological problems like dizziness or loss of consciousness or daytime sleepiness. One of the most common problems is how to exactly detect the size and site of the obstruction of air flow. There are several methods like full history of the patient and the partner, full clinical examination, full radiological examination or fiber-optic endoscopic examination. The treatment is either medical or surgical according to the case.

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