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Autologous incus versus titanium partial ossicular replacement prosthesis in reconstruction of austin type a ossicular defects - A prospective randomized clinical trial

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Aim: Aim of this study is to evaluate the hearing (functional outcome) and graft take up (anatomical outcome) after ossiculoplasty with autograft incus and titanium partial ossicular replacement prosthesis (PORP) in Austin type A ossicular defects and to compare the outcomes of autologous incus interposition ossiculoplasty with titanium PORP.

Materials & Methods: This study was conducted on 40 patients in the age group of 10 and 60 years having chronic otitis media with Austin type A ossicular defect who underwent ossiculoplasty. The patients were randomly divided into two groups; group A who underwent ossiculoplasty by inter-positioning of autologous incus and group B in whom titanium PORP was used. Otoscopic examination and audiological assessment with conventional pure tone audiometry was done pre and post operatively at 3, 6 and 12 months.

Results: Average post-operative air bone gap (ABG) closure of less than 20 dB was considered as successful hearing gain which was seen in 13 (65%) patients in group A and 07 (35%) in group B. The average pre-operative ABG value in group A (autologous incus) and group B (PORP) were 42.14+6.96 and 44.37+9.54 respectively and average post-operative ABG closure after three months was 24.23+8.50 and 13.05+12.46 in group A & B respectively. The post-operative complications were also much less in group A (20%) as compared to group B (45%). A longer follow up after 6 and 12 months post-operatively did not show any difference in hearing outcome and graft take up.

Conclusion: The hearing results and graft take up rate after ossiculoplasty with autologous incus is significantly better than titanium PORP in reconstruction of Austin A type of ossicular defects. The major disadvantages for the use of titanium PORP is its unpredictable results and higher post-operative complications and extrusion rates as compared to autologous incus.

Biography

Amith Naragund has completed his Master's degree in Otorhinolaryngology from Rajiv Gandhi University of Health Sciences, Bengaluru in the year 2007 and PhD from KLE University, Belagavi in 2014. After completing his Master's degree, he started working as an Assistant Professor and ENT Consultant at KLE University's Jawaharlal Nehru Medical College and KLE Hospital, Belagavi. Presently, he is working as Specialist ENT Surgeon in UAE. His research specialization was in the field of Otolaryngology. He has presented papers in national and international conferences and has various publications to his credit. He is also International Editorial Board Member of *Otolaryngology International journal*.

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