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## Outcomes of drill canalplasty in exostoses and osteoma: Analysis of 256 cases and literature review

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**Objectives:** To describe the surgical technique of drill canalplasty for exostosis and osteoma and to evaluate our result, to propose a new grading system for external auditory canal stenosis (EACS) and to review the recent literature.

**Study Design:** A retrospective review.

**Setting:** Quaternary Referral Center for Otolaryngology and Skull Base Surgery.

**Subjects & Methods:** Two hundred seventeen patients (256 ears) with exostosis or osteoma were included in the study. Surgical and audiological parameters were evaluated.

**Results:** Mean age was 51.5 (13.41) years. One hundred sixty nine (169) cases were men and 48 women. Two hundred forty three (243; 95%) cases were exostosis and 13 (5%) were osteomas. According to the proposed grading system, 81% ears had severe or complete stenosis. Seventy eight (30.5%) ears had a concurrent diagnosis of otosclerosis. Retroauricular approach was used in 245 (95.7%). Intraoperative complications included Tympanic Membrane (TM) perforation seen in four (2%) and mastoid cell exposure in two (1%). Postoperative stenosis/prolonged healing was seen in 11 (4%) patients and required revision in seven cases. Audiologic analysis available for 153 ears showed the mean change in Air-Bone Gaps (ABG) of 2.18 dB, Pure Tone Averages (PTA) Bone Conduction (BC; 0.5-4 kHz) of 0.3 dB. Mean healing rate was available for 246 (96.1%) patients and was found to be 6.35 (4-16) weeks.

**Conclusion:** A systematically performed drill canalplasty via retroauricular approach, as described in this article, yields excellent postoperative outcomes as seen in our series. Notably, one-third of exostoses patients in this series also suffered from otosclerosis. The proposed grading system for EACS enables the surgeon to objectively stage the disease.

### Biography

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