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The relationship between pars tensa retractions and ossicular erosion in chronic otitis media

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Statement of the Problem: Chronic Otitis Media (COM) can cause ossicular destruction whose pathology may be seen in both the long incus process and the stapes supra-structure. The surgical modes of COM were confirmed according to ossicular status and hearing level. Tympanoplasty with Total Ossicular Replacement Prosthesis (TORP) and Partial Ossicular Replacement Prosthesis (PORP) may have different success rates and long-term hearing outcomes. Researchers have reported that ossicular destructions are not rare consequences in the most cases of chronic otitis media, especially in PTR group. However, it is controversial to estimate ossicular erosion using the stage of PTR and audiology status. The purpose of this study is to compare incidence of ossicular erosions and surgical modes among different stages of Pars Tensa Retraction (PTR) in patients with chronic otitis media.

Methodology & Theoretical Orientation: Analyze retrospectively patients who had undergone tympanotomy or tympanomastoidectomy in the hospital. Otoscopy, pure tone audiometry and CT imaging were carried out preoperatively. Three types of tympanoplasty were used: Myringoplasty, PORP and TORP.

Findings: There was more ossicular chain destruction in PTR group compared with non-PTR group in patients without cholesteatoma, but not for patients with cholesteatoma. Preoperative stages of PTR predict long incus process and stapes supra-structure defects. Preoperative hearing thresholds show no significant difference between PTR stages, except for air-bone gap in stage PTR. Surgical modes are associated with PTR stages.

Conclusion & Significance: Our data indicate that patients without cholesteatoma have a higher prevalence of ossicular destruction in PTR group compared with non-PTR group. This may suggest that the ossicular chain is compressed and destructed by retracted pars tensa in these patients. The higher the PTR stage, the more severe the ossicular destruction would be. However, hearing thresholds are not deteriorated significantly during pars tense retraction. The usage of tympanoplasty with TORP proved to be more common in higher stages of retraction.

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