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*Learning Objectives:* - Patient Related Outcome Measures are increasingly important in the evaluation of ear complaints. - Most patients with ear complaints suffer from multiple ear complaints or changing complaints after treatment. - The development and future implementation of a general otologic questionnaire will help to improve otologic care in all patients with ear complaints. - Multiple steps are needed to develop and validate a well-designed questionnaire.

*Introduction:* Most patients visiting an ENT-doctor because of an ear complaint suffer from multiple ear complaints. Patient Reported Outcome Measures (PROMs) are useful in the evaluation of these complaints. However, there is no well-validated, Dutch PROM available that contains items about all types of ear complaints.

*Objectives:* Development and validation of a questionnaire (OQUA), applicable to all adult patients visiting an ENT-doctor because of an ear complaint. The OQUA needs to cover all common ear complaints and all three parts of the questionnaire (severity, impact and change over time) must be able to be evaluated separately.

*Methods:* Patients over the age of sixteen who presented themselves to an ENT-doctor with an ear complaint were recruited for a series of studies. First, qualitative research through in depth interviews (N = 16) was carried out to identify the various domains of ear complaints. Then, a pilot study of the first and second draft of the OQUA (N = 32, N = 39) was performed. Finally, quantitative research was performed by field-testing (N = 352). Item reduction took place based on factor and reliability analyses.

*Results:* In the qualitative phase, eight domains of ear complaints were identified: earache, hearing loss, otorrhoea, dizziness, itch, tinnitus, pressure in ear and loss of taste. In the quantitative phase, ten out of fifty items were removed based on factor analysis, seventeen items were removed based on reliability analysis. Based on factor analysis, nine factors emerged. The current version of the OQUA comprises twenty-three items, covers all eight domains of ear complaints and contains eleven items about complaints that often occur in patients with cholesteatoma.

*Conclusions:* Many patients with an ear complaint report several ear complaints. The current version of the OQUA questionnaire serves as a good basis for the development of the final, validated version of this questionnaire.

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### Otoendoscopy assisted Combined Approach Tympanoplasty: Can it replace posterior tympanotomy

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*Learning Objectives:*

*Background:* The aim of combined approach tympanoplasty is to middle ear and mastoid eradicate the disease and obtain dry ear whilst preserving the structure and function of the middle ear as far as possible. Facial recess and sinus tympani are anatomic sites that are difficult to assess with a microscope. Hence a posterior tympanotomy is used by most surgeons as a standard step for clearance of these areas. Otoendoscopy also allows excellent visualization of these areas and reduces surgical steps and time.

*Aim of the study:* To compare between the recurrence rate of secondary cholesteatoma following CAT surgery using either posterior tympanotomy or otoendoscopy.

*Study design:* Retrospective case review over a period of 10 years at a single centre.

*Setting:* Regional Department of Neurotology, Sheffield Teaching Hospital, UK.

*Inclusive criteria:* We included every CAT that was performed in adults (>16 yr), by a single surgeon (senior author), for acquired cholesteatoma between 2006 and 2015, with a 12-month disease-free interval.

*Results:* A total number of 152 CAT (stage 1) procedures done between 2006 and 2015 by a single surgeon were included. Of these 25 (16%) cases (ears) showed evidence recurrent cholesteatoma as demonstrated by imaging (T2 weighted non EPI MRI) needing a second look procedure. 17 of them could be retained as a closed cavity (CAT stage 2) while 8 cases were converted into an open mastoid cavity (Modified Radical Mastoidectomy). Analysed in their own subgroups the recurrence rate in those with a posterior tympanotomy was 26% (18/70 cases) whilst it was 8% (7/82 cases) in those where the otoendoscope was used.

*Conclusion:* Otoendoscopy provides a simple and reliable approach for managing cholesteatoma in facial recess area in combined approach tympanoplasty. When used carefully and meticulously it can be used in place of a posterior tympanotomy approach with comparable results.