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#### Learning Objectives:

**Introduction:** Previous studies showed inconsistent findings about deafness in Sjogren's syndrome(SS).

**Aims:** The study objective was to assess the prevalence of deafness in SS

**Methods:** A cohort matched, prospective, cross sectional observational study. Ethical approval was granted. Patient and control subjects gave informed consent. History and otoscopic examination of patient and control groups were performed. Pure tone audiogram was performed. Means of hearing thresholds at 0.25, 0.5, 1, 2, 3, 4, 6, & 8KHz were calculated in both groups.

SPSS statistical package was used for statistical analysis. SS patient hearing threshold was classified abnormal if the threshold was 20 dB at least worse at one or more frequencies compared to controls.

**Results:** 28 SS patients (F = 25:M = 3) with mean age 59 years old (range 36–83) according to the American European criteria for SS diagnosis and 34 controls (F = 32:M = 2) with mean age 56 years old (range 35–78) had been enrolled according to inclusion criteria.

Hearing acuity was found to be highly correlated with age (Pearson 0.707 p

**Conclusions:** These results suggest that SS does not have an effect on hearing levels. SSyndrome does not appear to be associated with hearing loss.

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### What is the predominant presentation in Juba's ENT clinic?

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#### Learning Objectives:

**Introduction:** A medical mission was set up in Juba. Juba has the only teaching hospital in South Sudan; it provides medical service to 9.8 m. Their Healthcare heavily depends on foreign aids and medical missions. South Sudan is a 4 year old country since they had independence.

**Methodology:** Registration and agreement with South Sudan Ministry of Health were pursued. Earlier communication to establish resources was sought. No previous ENT missionary Clinics were set up in the hospital, therefore this clinic had publicity through the ministry of health public announcement and TV adverts. Daily theatre sessions were allocated for the surgeries. One

ENT doctor ran the clinics, surgeries and on call for the week's mission. Database was setup for the clinic registry and patient management. The clinic was run for a morning and afternoon session. Theatre was run in the evening after clinics. Limited theatre resources made it difficult to perform microscopic and endoscopic surgeries.

**Results:** 129 cases seen in a week. 32% were allergic rhinitis, 15% otitis externa, 7% acute otitis media, 6% chronic suppurative otitis media and 6% recurrent tonsillitis. Fifteen cases (12%) had operations. Training sessions were also run to medical doctors to help them develop their ENT skills.

**Conclusion:** South Sudan ENT clinic presentations showed that third of cases were allergic rhinitis and a sixth were otitis externa. There is a great need for ENT service in South Sudan to help combat infections and common ENT conditions. Aid is needed to build ENT service in the capital.

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### Management of labyrinthine fistula in cases with cholesteatoma

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**Learning Objectives:** To introduce our management strategy for labyrinthine fistula caused by cholesteatoma

**Purpose:** Complete removal of matrix on fistula and preservation of bone conduction (BC) hearing level are required in cases with labyrinthine fistulae (LF) caused by cholesteatoma. The purpose of this study is to introduce our management strategy for LF caused by cholesteatoma.

**Study Design:** Retrospective medical chart review.

**Patients and methods:** Twenty patients with LF caused by cholesteatoma (M: F = 11 : 9, mean age: 62.8) were enrolled in this study. All patients were underwent tympanomastoidectomy with removal of cholesteatoma matrix on fistula between April 2009 and February 2016. Location and depth of fistulae, surgical procedure how to seal fistulae, and change in BC hearing level before and after surgery were analyzed.

**Summary of Results:** Distribution of fistulae locations were lateral semicircular canal (N = 16), superior semicircular canal (N = 1), and multiple organs (N = 3) which included two cases with cochlear fistulae. Depth of fistulae revealed erosion of bony labyrinthine with intact endosteum (N = 8), opened perilymphatic space with perilymph leakage (N = 8), and destruction of membranous labyrinth (N = 4). Fistulae were closed by multi-layered reconstruction using fascia, bone putty with or without bone tips in 12 cases, by single-layered reconstruction using fascia or bone putty in 7 cases. Two cases showed scaled-out BC hearing level preoperatively. Postoperative BC hearing level analysis showed improvement more than 20 dB in 2 cases, preservation in 13 cases, and decreased more than 10 dB in 3 cases. BC hearing level was maintained in most cases.