

representative cases and short-term results with mean follow-up period of 23 months.

Study design: Retrospective chart review

Patients: Thirteen cases of recurrent cholesteatoma out of consecutive 388 middle ear surgeries in Keio University Hospital between January 2012 and March 2015 were enrolled. The average age of the cases was 48 years old with a range of 25–76 years. The mean follow-up period was 23 months (ranging from 10 months to 33 months). The operation was 2nd time in 8 cases, 3rd time in 4 cases, and 4th time in 1 case.

Results: Dry ear was achieved in all the cases in average 5.5 months after surgery and no further infection was observed. Postoperative air-bone gaps were less than 40 dB in 5 patients and 20 dB in 4 patients. No re-recurrence was observed during the observation period.

Conclusions: A canal wall down tympanoplasty with soft posterior meatal wall reconstruction for recurrent cholesteatoma provides good short-term results. Longer observation period is needed to confirm the effectiveness of the surgical procedure.

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Endoscopic versus Open Surgical Management of Patulous Eustachian Tubes

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Learning Objectives:

Presenting features of Patulous Eustachian Tubes
Surgical management of Patulous Eustachian Tubes

Introduction: A variety of surgical techniques have been used in the management of Patulous Eustachian Tubes, however the long-term efficacy and safety of these methods remains uncertain. We highlight this issue using the case of an 84 year old man with bilateral Patulous Eustachian Tubes who has had multiple surgical procedures over a two year period.

Methods: The patient presented with bilateral autophony, tinnitus and hearing loss. The diagnosis was confirmed by observation of tympanic membrane movement on respiration at otomicroscopy. Initial surgical management involved endoscopic reduction of the Eustachian tubes, first by injection of calcium hydroxylapatite and cautery to the torus tubarius, and followed by insertion of fat into the Eustachian tube with suturing when symptoms recurred. Further symptoms prompted more invasive surgical

management with transtympanic occlusion of the Eustachian tubes with conchal cartilage.

Results: Endoscopic injection of fillers and cautery to the Eustachian tubes did provide symptomatic benefit in this patient's case, though the effects were short lived. Insertion of fat and suturing endoscopically was difficult practically and did not produce long-term symptom control. Open ear surgery with placement of tragal cartilage into the Eustachian tube performed initially on the right followed by the left four months later has led to complete resolution of symptoms. The patient did, however, develop bilateral middle ear effusions with conductive hearing loss, requiring myringotomy and grommet insertion.

Conclusions: Endoscopic surgical techniques for reducing patulous Eustachian tubes may provide symptomatic benefit with few ill effects, but have limited long-term efficacy. Transtympanic occlusion with cartilage is presented as an alternative approach with an improved outcome.

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Changing lives of hearing impaired patients in rural north india through concept of trained ear care workers with the vision of hearing for all by 2030

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Learning Objectives: By introducing the concept of **ear care workers** who identify patients having hearing loss by organizing regular ear health camps in rural areas of Kanpur district. If this concept is implemented throughout India, a significant reduction in deafness could be achieved. Those patients who could be benefited from surgery or hearing aids are treated accordingly at low cost with a vision of **hearing for all by 2030**.

Introduction: Hearing loss is the most common sensory deficit in humans today. As per WHO estimates in India, there are approximately 63 million people, who are suffering from Significant Auditory Impairment; this places the estimated prevalence at 6.3% in Indian population.

Materials and Methods: This is an ongoing study. Patients with history of hearing loss were identified by ear care workers through our regular ear health camps in rural areas of Kanpur district. Ear care workers were trained at our base hospital. Patient requiring conserving treatments were treated at the camps. Patients who required surgery or hearing aids were brought to our clinic, subjected to clinical ENT examination, Otoscopy and pure tone audiometry. Surgery was performed, or hearing aids were provided and patients were followed up at regular interval.