

In most cases, prompt nerve decompression is enough to achieve recovery. However, facial nerve reconstruction may be needed in certain patients.

Regarding the management of the facial nerve in temporal bone surgery, some aspects are still controversial:

1. Should we use intraoperative facial nerve monitoring in a routine basis?
2. How should the compressed nerve be managed intraoperatively?
3. What is the best reinnervation technique for a particular situation?

Methods: A series of cholesteatoma cases with difficult management of the facial nerve will be presented in a step-by-step manner. Pictures and videos with the key aspects will be shown.

Results: Different surgical techniques including nerve decompression, nerve grafting, and reinnervation procedures were included. Eye care including eyelid surgical procedures, as well as botox injection and neuromuscular retraining were also needed for some patients. All the patients improved facial function following different therapeutic options.

Conclusions: Facial paralysis is still a possible complication of cholesteatoma and chronic ear surgery. Early management with the appropriate technique is mandatory. The preoperative facial nerve grade, the duration of symptoms, and the intraoperative findings, including the location and type of facial nerve injury are the main factors to consider. A multidisciplinary approach in a Facial Paralysis Unit is the key to achieve the best results for a particular patient.

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Cholesteatoma Management in the XXI Century (N773)

ID: 773.2

Preventing Cholesteatoma

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Learning Objectives: Summary abstract presentation in the session: "Cholesteatoma management in the XXI century".

Nowadays health and technological development allow for prevention strategies in order to reduce cholesteatoma incidence.

This session is titled "Cholesteatoma management in the XXI century". Attention will be addressed to present an algorithm to prevent the development of a cholesteatoma.

Starting point will be Eustachian tube obstructive dysfunction how to evaluate and treat it so as to reduce chronic disease in middle ear. If eardrum perforation or atelectasia occur, what is the expected attitude to prevent cholesteatoma. Novel technologies and knowledge will be shown to explain its role preventing cholesteatoma.

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Cholesteatoma Management in the XXI Century (N773)

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Cholesteatoma in children: Actual situation

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Learning Objectives: Cholesteatoma surgery is always in the edge for different decisions but when the disease takes place in children the situation is critical in many instances; preservation of hearing, surgical approach, surgical technique and diagnostic tools.

We will be presenting you, based upon our experience, the actual situation that cholesteatoma in children faces regarding diagnosis, surgical approach and results.

68 consecutive cases of cholesteatoma in children have been studied 71% underwent a closed technique and 29% an open technique. The most frequent clinical symptom was otorrhea and hearing loss (54%) followed by otorrhea (28%). 50% of the cases had an attic perforation and 26% a posterior marginal perforation. 83% of the cases had an sclerotic or diploic mastoid. The contralateral ear was normal in 70% of the cases. In the cases of cholesteatoma the mucosa was hiperplasic or polipoid in 92%. Cholesteatoma extended to attic in 79%, antrum 58%, posterior recess 38% and to mastoid 23%. The ossicles were damaged in 92% of the cases, being the incus the most frequently involved (70%). Residual or recurrent cholesteatoma appeared in 37% of the cases of closed surgery and 12% of the cases of open surgery. Recurrence of the cholesteatoma took place between 1 and 2 years postsurgery in 75% of the cases.

A critical review of the literature is made regarding diagnostic tools, recurrences in relation with open or closed techniques, functional results and a discussion about wether to perform single or second look surgery in closed techniques.

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Cholesteatoma Management in the XXI Century (N773)

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Diffusion MRI in cholesteatoma control. Advantages and pitfalls

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