

عنوان البحث باللغة الانجليزية:

Single Stage Canal Wall Down Mastoidectomy with Reconstruction of the Canal Wall: 5 Years' Experience in Fayoum Province, Egypt.

مكان النشر:

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Abstract:

Objectives: Removing the posterior canal wall or canal wall down mastoidectomy (CWDM) for the management of cholesteatoma remains controversial. We advocate partial removal of the posterior canal wall for complete eradication, followed by canal wall defect reconstruction to restore the normal anatomy and avoid the complications of CWDM.

Materials and Methods: Sixty-four patients with cholesteatoma (71 ears) were included. This study was conducted between 2009 and 2012. Single-stage mastoidectomy was performed by drilling the upper third of the posterior canal wall together with the attic, leaving the remaining lower two-thirds intact. Conchal cartilage was used to reconstruct the upper third of the posterior canal wall.

Results: The mean±SD healing time was 7.5±2.3 (range, 4–14) weeks. The mean±SD preoperative and postoperative air bone gaps were 35.8±6.2 dB and 22.9±6.8 dB, respectively. Nearly 84.2% of the patients were followed up for at least 3 years and had dry healthy ears. Complications were noted and statistically examined.

Conclusion: Single-stage CWDM with reconstruction of the posterior canal wall, ossicular chain, and tympanic membrane is a safe and reliable technique with the advantages of Canal wall up Mastoidectomy (CWUM). Its recurrence rate is 4.2%. Longer follow-up durations are required.