

البحث الثانى

عنوان البحث باللغة الانجليزية :

Herniation of the temporomandibular joint into the external auditory canal: Our review of 13 cases

Symptomatic dehiscence of the anterior wall of the external auditory canal (EAC) is only occasionally encountered during otologic surgery. **Objective:** To propose a technical answer for the reconstruction of anterior wall defects based on the size of the dehiscence. **Material and methods:** Retrospective study of 13 cases of dehiscence of the anterior wall (9 male and 4 female patients between 30 and 66 years) operated between 1998 and 2010. The pathologies at the cause of the dehiscence were cholesteatoma (2 cases), chronic otitis externa (3 cases), congenital dehiscence (1 case), 5 cases which appeared after a surgery mainly for exostosis (3 of them previously operated in another center) and 2 cases of accidental breach during canal calibration. The size of the defect measured during surgery was "small" (< 4 mm diameter) in 2 cases, "medium" (between 4 and 8 mm) in 8 cases and "large" in 3 (> 8 mm). The reconstruction was performed in 7 cases through the EAC and in 6 cases an anterior approach of the anterior wall of the EAC was used. In all cases, we could insert a graft anteriorly and this was held in place by the pressure exerted by the temporo-mandibular joint. Bone paté and temporalis fascia with in most cases a piece of cortical bone graft was used in all cases. **Results:** The follow up period ranged from 6 to 24 months. In 10 cases the anatomical result was perfect (in 3 cases we encountered some minor complications but with no clinical consequences). In the other three cases there was one with persistent inflammation of the external auditory canal, one case of recurrence of the lateralization of the tympanic membrane and one case which required a revision surgery. **Conclusion:** The reconstruction and the approach are done according to the size of the defect, whether small, medium or large. Complications and revision surgeries have been minimal.