CASE REPORT
A 47-year-old female who was lost to follow-up after a left sided canal wall up mastoidectomy for chronic otitis media in 1986 presented in January 2007 with a chief complaint of right sided hearing loss and tinnitus. On examination, the patient was neurologically intact. A bulging tympanic membrane in the anterior superior quadrant and middle ear fluid were noted. The patient was taken to the operating room for a left revision canal wall up mastoidectomy and perichondrial tympanoplasty with pressure equalization tube placement. Tymanomeatal, vertical, and postauricular incisions were made (Figure 1). An audiogram demonstrated a left mild to moderately severe conductive hearing loss with evidence of bone conduction hearing loss.

The patient was determined to be a suitable candidate for a middle ear procedure and was taken to the operating room for a left revision canal wall up mastoidectomy and perichondrial tympanoplasty with pressure equalization tube placement. Tymanomeatal, vertical, and postauricular incisions were made. The tympanic membrane (arrow) was visible anterior to the ossicles in this view. The tympanic membrane (arrowhead) was visible posterior to the ossicles in this view. The middle ear cavities (Figure 1). An audiogram demonstrated a left mild to moderately severe conductive hearing loss with excellent bone conduction.

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