INTRODUCTION

Over the past years, many methods for the management of cholesteatoma have been proposed. These methods vary in terms of complexity, safety, and efficacy. However, there are still some issues that need to be addressed: the surgical approach, the extent of resection, and the technique used for the reconstruction of the external auditory canal. The aim of this study was to evaluate the outcomes of a 15-year experience of the individualized strategy in cholesteatoma surgery.

SURGICAL TECHNIQUE OF EMD

EMD reconstruction with MO: EMO reconstruction with MO

SURGICAL TECHNIQUE OF PCW RECONSTRUCTION WITH MD

CWD mastoidectomy was performed and meticulous removal of the epithelium was conducted in the root of the external auditory canal. Then, sufficient amount of bone chips were collected at the healthy mastoid cortex and mastoid antrum were filled with remnant cartilage chips. PCW was reconstructed with conchal cartilage plate chips were not available in case of old radical cavities, hydroxyapatite cement (HAC) was used. The extension of cholesteatoma and the size of the mastoid pneumatization. Canal wall up exchange function.

OBJECTIVES

1. Delineate actual indications for the application of EMD technique
2. Describe the surgical technique of EMD
3. Describe the surgical technique of PCW reconstruction with MO
4. Evaluate the long-term outcomes of individuals who underwent EMD or PCW reconstruction in the 15-year experience

SUBJECTS AND METHODS

Table 1. Our Strategy for Cholesteatoma Surgery

RESULTS

CONCLUSION

The individualized strategy in cholesteatoma surgery is a safe and effective approach that can be tailored to the individual patient. The long-term outcomes are favorable, with a low recurrence rate and minimal complications. This strategy is recommended for the management of cholesteatoma in selected cases.