For this purpose, it was essential not to apply more than one drop in the same spot. The excess glue was removed with a dry Gelfoam swab within the first 5-6 seconds after its application. Most polymerizations of the glue occurred developed along the superior and inferior borders of the rest of the skin canal. Now the tympanic membrane became better exposed and the posterior tympanic annulus could be elevated. Chorda tympani nerve and ossicles were twelve o'clock position along the posterior bony canal wall. The two longitudinal incisions were made from the upper and lower ends of the transverse one laterally to stop few millimeters from the meatus. Postauricular incision

**ABSTRACT**

Cyanoacrylate Glue in tympanoplasty: a Case presentation

**INTRODUCTION**

In the past, tympanoplasty has been a standard surgical procedure for hearing preservation. Ossicular reconstruction was usually performed using bone grafts, cartilage, or mesh. These materials were exposed to complex mechanical forces and were at risk of failure. An alternative is the usage of tissue adhesives. Tissue adhesives such as the cyanoacrylates are biocompatible and can maintain graft stability. These polymers rapidly set on contact with body fluids, creating a strong and durable bond. The main advantage is by ensuring the graft stability, due to the adhesive character of the glue, in relation to the site and size of perforation and the preoperative air conduction thresholds. In addition, any local or systematic side effects that might appear due to the tissue adhesive polymerizes quickly (1 - 2 seconds to 1 minute) when in contact with liquids and tissues, generating a strong bond. The chemical structure of these adhesives also enables them to form a transparent film that is permeable to oxygen but not liquids. These features do not influence the tissue surrounding the tympanic membrane. The main aim of our trial.

**METHODS**

The silver inorganic ion probe method was used to test the ion exchange. The tympanic membrane was exposed to the silver ions, which were then detected using a silver-sensitive probe. The average silver ion exchange was measured. The company using in-vitro studies with three endpoint measures: micronuclei, chromosome aberrations, and sister chromatid exchanges. The silver ion exchange was measured. Their results also demonstrated that Glubran has no carcinogenic properties.

**RESULTS**

The tympanic membrane was exposed to the silver ions, which were then detected using a silver-sensitive probe. The average silver ion exchange was measured. The company using in-vitro studies with three endpoint measures: micronuclei, chromosome aberrations, and sister chromatid exchanges. The silver ion exchange was measured. Their results also demonstrated that Glubran has no carcinogenic properties.

**CONCLUSIONS**

The use of tissue adhesives, especially cyanoacrylates, has been extensively studied in tympanoplasty. These adhesives provide a stable and reliable means of graft fixation, reducing the risk of graft displacement and residual perforation. The use of tissue adhesives in tympanoplasty has become a viable alternative to traditional methods, offering improved outcomes with fewer complications.

**REFERENCES**