Chorda tympani nerve passes through the middle ear, and is mainly related to taste on the anterior 23rd of the tongue. There have been a lot of studies on the clinical application of chorda tympani nerve and its management in the middle ear. On the whole, there has been no research done on chorda tympani nerve. In this paper, we will present our findings on the chorda tympani nerve.

1.2 Surgical procedures: In CTN group, cases had complete chorda tympani nerve but there was a large perforation on their membrana tensa. A fine groove was made on the lateral side of the tympanic membrane. The chorda tympani nerve was used to spring and press the auricular bone. In TM group, there were 67 cases. Of the 67 cases (bilateral ear disease in 5 cases, with a total of 72 ears), 50 were female and 22 were male, with a mean age of 41.1-4.14.1 years (range: 11-65 years). Cholesteatoma occurred in 31 ears, adhesive otitis media in 41 ears. Twelve ears (29.3%) in CTN group and 20 ears (43.8%) in TM group were combined with middle ear cholesteatoma and the perforation of the tympanic membrane.

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The differences of preoperative and operative ABG in the three groups showed that there was no statistical difference between the CTN and TM groups (P > 0.05) and between TM and GS groups (P > 0.05) and between CTN and GS groups. The therapeutic effects in the three groups were statistically significant. The temporary hypogeusia and another case had delayed mild facial paralysis, but the two cases recovered within two weeks.

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Methods: 141 cases (bilateral ear disease in 13 cases, a total of 154 ears), 83 were female and 58 male, with a mean age of 45.5 years (range: 9-83 years). Cholesteatoma occurred in 31 ears, adhesive otitis media in 41 ears. Twelve ears (29.3%) in CTN group and 20 ears (43.8%) in TM group were combined with middle ear cholesteatoma.

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1.4 Evaluation and measurement: Preoperative and postoperative ABG (House-Brackmann) were compared between preoperative and postoperative ABG. The chorda tympani nerve is related to the sensory fiber to control taste on the anterior 23rd of the tongue. There have been a lot of studies on the clinical application of chorda tympani nerve and its management in the middle ear. On the whole, there has been no research done on chorda tympani nerve. In this paper, we will present our findings on the chorda tympani nerve.

Table 1. Comparison Of Differences Between The Three Groups (n=154)

<table>
<thead>
<tr>
<th>Group</th>
<th>Total</th>
<th>Excellent</th>
<th>Effective</th>
<th>Ineffective</th>
</tr>
</thead>
<tbody>
<tr>
<td>CTN</td>
<td>40.80</td>
<td>21</td>
<td></td>
<td>22.61</td>
</tr>
<tr>
<td>TM</td>
<td>44.24</td>
<td>31</td>
<td>12</td>
<td>8.48</td>
</tr>
<tr>
<td>GS</td>
<td>46.24</td>
<td>27</td>
<td>12</td>
<td>8.56</td>
</tr>
</tbody>
</table>

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1.1 Subjects: A total of 141 cases were enrolled in this study. Of the 141 cases, there were 129 (99.2%) ears; 115 were female and 14 male, with a mean age of 45.08 years (range: 9-83 years). The differences of preoperative and operative ABG in the three groups showed that there was no statistical difference between the CTN and TM groups (P > 0.05) and between TM and GS groups (P > 0.05) and between CTN and GS groups. The therapeutic effects in the three groups were statistically significant. The temporary hypogeusia and another case had delayed mild facial paralysis, but the two cases recovered within two weeks.

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