ABSTRACT

To assess tympanic membrane (TM) closure rates achieved by three operative procedures (Group 1: local anesthesia under a microscope, Group 2: general anesthesia under a microscope, Group 3: under endoscope) in simple underlay myringoplasty with fibrin glue (SUM) for TM perforation. 158 ears treated by SUM. There were 60 ears on which a SUM was performed using an operating microscope under local anesthesia, and complete closure was achieved in 54 (90%). 84 ears were treated by a SUM under general anesthesia, and closure was achieved in 74 (88%). Endoscopy was performed in 14 ears, of which 13 (93%) attained TM closure. The rate of perforation closure was evaluated 6 months after surgery.

INTRODUCTION

Three operative procedures

SUM SURGERY

1) The perforation margin was refreshed, and the calcified lesion was removed as possible.
2) Autologous subcutaneous connective tissue was collected from the posterior region of the auricle, inserted to the back of the perforation site, and elevated to touch the perforation edge. Finally, the graft was fixed with fibrin glue.

RESULTS

There were 60 ears on which a simple underlay myringoplasty was performed using an operating microscope under local anesthesia, and complete closure was achieved in 54. Eighty-four ears were treated by a simple underlay myringoplasty under general anesthesia, and closure was achieved in 74. Endoscopy was performed in 14 ears, of which 13 attained TM closure.

CONCLUSIONS

These operative procedures are simple and minimally invasive, and provide a satisfactory perforation closure rate. Furthermore, there are no severe complications. The present data indicate that selection of operative procedures appropriate to various disease states may permit greater extension of surgical indications.

REFERENCES