Transcanal myringoplasty with perichondrium

Chin-Kuo Chen1,2 Wen-Ta Chiu2 Jen-Fang Yu3 Yi-Chang Lee4 Kai-Ping Chang1

1 Department of Otolaryngology – Head and Neck Surgery, Chang Gung Memorial Hospital and University, Taiwan, 2 Graduate Institute of Clinical Medicine, College of Medicine, Taipei Medical University, Taiwan, 3 Institute of Medical Mechatronics, Chang Gung University, Taiwan, 4 Department of Otolaryngology-Head and Neck Surgery, Chung Shan Hospital, Taiwan

OBJECTIVES

Objectives: To see for the simple method to repair the dry, small-medium central perforation of the eardrum, to decrease the discomfort for the patients and to shorten the recovery periods, we evaluate the effects of transcanal myringoplasty with perichondrium in repairing eardrum perforation.

METHODS AND MATERIALS

A retrospective analysis was performed All patients were treated and regularly followed-up for more than six months. None of the patient suffered any significant symptoms such as sensation of the wound pain, perichondritis, facial nerve injury, vertigo or hearing loss.

RESULTS

Totally, we performed the procedure in 25 patients, 14 males and 11 females, age range from 18 to 65 year-old, average 37 year-old. Of the 25 patients, there were 23 intact repair of the tympanic membranes, success rate 92%. 2 patients with the bone-conducted hearing threshold was between 3.9 dB to 18.5 dB. 21 patients (91%) gained air-bone hearing gap within 10 dB after operation. 21 patients (88%) gained air-bone hearing gap within 10 dB after operation. 21 patients (88%) gained air-bone hearing gap within 10 dB after operation. 21 patients (88%) gained air-bone hearing gap within 10 dB after operation.

None of the patient suffered any significant symptoms such as sensation of the wound pain, perichondritis, facial nerve injury, vertigo or hearing loss.

CONCLUSIONS

Our results shown that the transcanal myringoplasty minimize the size of the wounds and shorten the clinical course effectively in the patients with perforation. Furthermore, this procedure seems ideally served as a new and simple approach to repair the patients with a small to medium central perforation of eardrum.

Contact

Name: Chin-Kuo Chen
Organization name: Department of Otolaryngology – Head and Neck Surgery, Chang Gung Memorial Hospital and University, Taiwan
Email: dr.chenck@gmail.com
Phone: 886-3-3281200

Poster Design & Printing by Genigraphics® - 800.790.4001

ABSTRACT

ABSTRACT

Objectives: To see for the simple method to repair the dry, small-medium central perforation of the eardrum, to decrease the discomfort for the patients and to shorten the recovery periods, we evaluate the effects of transcanal myringoplasty with perichondrium in repairing eardrum perforation.

TOTAL CONSTRAINTS

Separate the perichondrium from the cartilage.

Figure 1. Incision along the root of the back of the auricle and depth to the cartilage.

Figure 2. Separate the perichondrium from the cartilage.

Figure 3. The epithelial edge of the perforation and the undersurface of the drum around the perforation were removed.

Figure 4. The tympanic cavity was filled with moistened Gelfoam balls.

Figure 5. The perichondrium was brought through the perforation and positioned under the drum remnant.

Figure 6. M: Malleus handle; I: Incus; Arrow : Perforation of the drum; P: Perichondrium

POSTER DESIGN & PRINTING BY GENIGRAPHICS® - 800.790.4001