**INTRODUCTION**

Permanently Eustachian tube (ET) dysfunction after nasal surgery is possible. It can develop from scars after dissection or coagulation with monopolar instruments. Eustachian tube endoscopy was first used in 1989 through the pharyngeal orifice and in 1995 through the nasal orifice in order to evaluate the stenotic area under general anesthesia. The procedures were done between 2010 and 2011. **RESULTS**

Balloon dilation wasn't difficult to perform. Patients referred a very good improvement of hearing levels and a good dilatation comparing the tomography and the nasal endoscopy before and two months after the procedure.

**CONCLUSION**

Retrograde guided balloon dilatation of the nasopharyngeal Eustachian tube ostia showed good results. Larger studies are now needed to show the real role of this surgery.

**METHODS AND MATERIALS**

Prospective surgical study. Three patients with unilateral intractable Eustachian tube stenosis (after nasal surgical procedures) underwent retrograde illumination with Relieva Luma Sentry™ from middle ear to nasopharyngeal area and with endoscopic nasal approach dissection the stenotic area we could find the tube lumen and insert the balloon to open that area. By following the light there was dissected throw the stenosis tissue until we could have the Relieva Luma Sentry™, than we insert it retrograde inside the lumen and a good dilatation comparing the tomography before and two month after the procedure.

**REFERENCES**

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