

Purpose: To understand the relationship of Tw and adenoid hypertrophy.

Method: This is an observational analytic study involving subjects with adenoid hypertrophy without OME who had undergone adenoid skull lateral X-Ray, nasoendoscopy, and tympanometry. Relationship of tympanometry parameters (Gr, Tw, Ytm, TPP, and Jerger type) with degree of adenoid hypertrophy measured with adenoid skull lateral X-Ray and nasoendoscopy was analyzed with Pearson and Spearman correlation test.

Result: There was significant correlation ($p > 0,01$) between Tw and degree of adenoid hypertrophy according to 3 adenoid skull lateral X-Ray measuring methods. There was no significant correlation between Ytm and Gr with degree of adenoid hypertrophy according to 3 adenoid skull lateral X-Ray measuring methods. There was also significant correlation ($p > 0,05$) between Tw and degree of adenoid hypertrophy measured with nasoendoscopy according to Parikh. There was no significant correlation between Gr, Ytm, TPP, and Jerger type with degree of adenoid hypertrophy measured with nasoendoscopy according to Parikh.

Conclusion: Tympanogram width correlates significantly with adenoid hypertrophy and has the potential to predict occurrence of OME.

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Diagnostic algorithm for patients presenting with tinnitus

Presenting Author: **Hussein Walijee**

Hussein Walijee¹, Rebeeca Leach²

¹Taunton and Somerset NHS Trust,

²Eglwysback Surgery, Pontypridd

Learning Objectives:

Tinnitus is a common and potentially debilitating global health problem. Rarely, it may be the presenting symptom of a serious underlying condition such as vestibular schwannoma, thereby necessitating a thorough assessment. Causes of tinnitus are described and divided into two main categories: subjective (heard by the patient only) and objective (heard by the examiner also). History and examination is key to differentiating between aetiologies however in many cases there is no identifiable underlying cause. The authors provide an approach to tinnitus by means of a diagnostic algorithm. Management in primary care is discussed as well as Department of Health guidance on when patients are to be referred to secondary care.

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Long-term hearing results following retrograde tympanomastoidectomy with canal reconstruction by using mastoid isolation/obliteration

Presenting Author: **Chih-Hung Wang**

Chih-Hung Wang, Chao-Yin Kuo

Department of Otolaryngology-Head and Neck Surgery, Tri-Service General Hospital, National Defense Medical Center, Taipei, Taiwan

Learning Objectives:

Introduction: Besides mastoid obliteration as enrolled in this study, we offered another surgical technique—mastoid isolation by using several pieces of bony plates and bone chips placed on the preserved canal wall and tegmen tympani to complete the reconstruction of the EAC defect in a one-stage surgical procedure.

Methods: A total of 99 patients resulted in 102 ears underwent retrograde tympanomastoidectomy in a single stage procedure, 6 of them underwent two-stage ossiculoplasty. The main outcome measures included surgical procedures of reconstruction, types of tympanoplasty, complications, and hearing outcomes.

Results: In $>71\%$ of ears, the audiometric tests were monitored more than 2 years. The results of hearing assessments indicated a significant improvement in hearing gain after surgery in view of the postoperative change of air-conduction (AC) thresholds and air-bone gaps (ABGs) ($p < 0.001$). Linear regression analysis of pure-tone average (PTA) before and after surgery at different frequency showed patients benefit postoperative hearing gain largely at low and middle frequencies but may deteriorate their hearing at frequency of 8000 Hz. Among 72 cases with non-serviceable hearing preoperatively, 25 of them (34.7%) would achieve serviceable hearing outcomes postoperatively ($p < 0.001$). The postoperative improvement of hearing degree for patients with moderate, severe or profound hearing loss showed statistically significant difference ($p = 0.04$). Tympanoplasty of type III-i increased the hearing gain markedly, followed by type III-c, I, and IV-c. Two-stage ossiculoplasty can provide a better air gain at 500, 1000, and 2000 Hz. The overall rate of complication was 8.8% (9 of 102).

Conclusions: We conclude that reconstruction of the EAC and mastoid via mastoid isolation/obliteration using bone chips/paté can be considered as an alternative procedure following retrograde tympanomastoidectomy. It gives excellent surgical results and has fewer complications.

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Advanced stage of cholesteatoma presenting to medical services in Cambodia

Presenting Author: **Mahmood Bhutta**

Elinor Warner¹, T Sokdavy², C Sothea², Huins Charlie³, Matthew Clark⁴, Jim Gollogly², Mahmood Bhutta²

¹Royal National Throat Nose and Ear Hospital,

²Children's Surgical Centre, Phnom Penh,