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ID: IP106**Health-Related Quality of Life Assessment According Comq-12 in The Healthy Population**Presenting Author: **Sergey Kosyakov**Sergey Kosyakov¹, Julia Minavnina², Ksenia Bgantseva²¹Russia Medical Academy for postgraduate Education, ²Russia Medical Academy for Postgraduate Education*Learning Objectives:*

Introduction: The Chronic Otitis Media Questionnaire 12 (COMQ-12) is a 12-item multiple-choice disease-specific health-related quality-of-life (HRQoL) questionnaire. COMQ-12 allows correlation of the patient's expectations from treatment with the need for surgical intervention. We validated the questionnaire and obtained permission by the authors for its use. As a first step, as part of the development and adaptation of the COMQ-12 we must define normal scores, typical for the healthy population.

Methods: The study included healthy volunteers who were asked to complete a COMQ-12. Also the following data were recorded: sex, age, and whether they had a history of ear problems other than that of chronic otitis media (COM); this included symptoms of hearing loss, dizziness, tinnitus, ear discomfort, history of ear infections. Patients with COM were excluded from the study.

Results: The study included 60 people: 23 men (38,3%), 37 women (61,7%). The average age of the respondents was 34 (16–61). 27 people (45%) did not show any complaints. 33 people (55%) noted the presence of some ear problems, namely: tinnitus – 15 (25%), dizziness – 10 (16,7%), hearing loss – 6 (10%), ear discomfort – 12 (20%), history of ear infections – 16 (26,7%). COMQ-12 scores overall ranged from 0 to 14 among all respondents with a mean score of 3,55. Among patients without complaints average score is 2.07 (range 0–8), among patients with complaints – 4,78 (range 0–14). The median COMQ-12 score overall was 2,5 and the modal score was 0 with 19 (31,7%) participants achieving this score. 75% of respondents achieved a score of 5 or less, 95% of respondents achieved a score of 10 or less out of a possible maximum of 60.

Conclusion: We must pay attention to a group of patients with COMQ-12 scores less than 5 and determine carefully the need of surgical intervention due to the patients expectations.

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ID: IP107**Management of temporal bone osteoradionecrosis complicated by osteomyelitis: a case report**Presenting Author: **M Kuet**

M Kuet, MY Yung

*The Ipswich Hospital NHS Trust**Learning Objectives:*

- To describe the presentation, investigation and treatment of a severe case of temporal bone ORN.

Introduction:

- Osteoradionecrosis (ORN) of the temporal bone can result from radiotherapy to the ear.
- We describe the strategy utilised to manage a severe case of temporal bone ORN complicated by superimposed infection.

Case report:

- A 75-year old male presented with a 4-month history of severe headache, right otalgia, otorrhea and hearing loss.
- The patient had undergone excision of a right pinna BCC followed by radiotherapy 15 years ago.
- Examination revealed a 5 cm diameter tender fluctuant swelling over his right temple, pus in the ear canal and an eroded posterior canal wall.
- A diagnosis of severe temporal bone ORN was made.
- CT of the temporal bones demonstrated erosions of the mastoid and squamous portions of the temporal bone. The erosion of the squamous portion had created a bony defect with a large abscess overlying the exposed dura.
- The patient underwent urgent abscess drainage, debridement of necrotic periosteum, subtotal petrosectomy and blind pit closure without obliteration using biological material. A titanium plate was used to repair the lytic area of the skull. This was covered by the preserved temporo-parietal fascial flap.
- Pus culture grew *S. anginosus* requiring treatment with 7 days of IV co-amoxiclav followed by 5 weeks of PO amoxicillin.
- 2 months post surgery the patient was completely pain free and follow up CT confirmed radiological resolution.

Conclusions:

- Temporal bone ORN arises from radiation injury causing bone hypovascularity with subsequent cellular death. It may occur many years after radiotherapy to the head and neck.
- Potential sequelae include osteomyelitis, CSF leak, meningitis and fatality.
- Patients may present with severe otalgia, chronic otorrhea and swelling.
- The mainstay of treatment is surgical debridement and abscess drainage. Long-term antibiotics are needed to treat an associated osteomyelitis.