

#### A0008: Melanoma of External Auditory Canal: An Uncommon Entity

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**Introduction** Malignant melanoma limited to external auditory canal (EAC) is very rare. Majority of patients present early, where a wide local excision with adequate margin is oncologically sufficient. But, in patients with advanced lesion, even multimodality treatment approach failed to prolong their survival. Local recurrences or distant metastases are not uncommon during follow-up period and have poor prognosis. We are reporting here a case of primary malignant melanoma of EAC that was treated successfully with limited surgery only.

**Case presentation** A 44-year-old female presented with ear discomfort, hearing impairment, and occasional bleeding from her left ear for 1 year. Examination revealed a blackish mass in her right external auditory canal almost occluding it, which was bleeding on manipulation. Radiology showed an enhancing mass limited to EAC at its opening without any bone erosion or nodal metastasis. Wide local excision of the mass was done under local anesthesia. Surrounding cartilage from the external auditory canal was excised and the base of the lesion was cauterized. The histopathology of the excised specimen showed features of malignant melanoma with invasion of basal layer of epidermis at places. The perichondrium and underlying excised cartilage were free of tumor involvement. Patient was further evaluated postoperatively to rule out any distant metastasis. She was kept under close observation and is disease free for past 4 years.

**Discussion** Malignant melanoma of ear constitutes 7 to 14% of all head and neck region melanomas. Early lesions are managed by wide local excision with negative margins. Melanoma with thickness more than 4 mm, with bone erosion, with regional spread have very poor prognosis even with multimodality treatment. In our case, the tumor was very limited and underlying cartilage was free, which is a barrier to tumor spread. So, only local excision was sufficient.

**Conclusion** Ear melanoma involving the external auditory canal has variable presentation. Although the outcome in advanced diseases is very poor, but when presented early, shows better prognosis and longer survival. Thus, early diagnosis is the key for better outcome, and extensive surgery is usually not needed in every case as was the initial protocol.

#### A0009: Role of Mastoid Exploration in Pediatric Tympanoplasty

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**Aim** To determine the prognostic significance of "tympanometric volume" for pediatric tympanoplasty type I in a selected age group of 5 to 8 years as a parameter for mastoid surgery.

**Materials and Methods** A prospective study was conducted in 30 children with chronic suppurative otitis media-inactive mucosal disease of either sex. Preoperative

tympanometric volume was recorded in all the cases and statistically analyzed with the graft uptake results postoperatively. All the patients underwent tympanoplasty type I by underlay technique using temporalis fascia graft. An intact graft at the end of 6 months, and a postoperative hearing improvement of 10 dB or greater in two consecutive frequencies, was regarded as surgical and audiological success, respectively. The statistical analysis was done using Mantel Haenszel  $\chi^2$ , that is, Chi-square test, and Fisher's exact  $p$ -value test for confirmation.

**Results** We recorded an impressive surgical success rate of 87% and an audiological improvement of 70% in this study. On the basis of mean tympanometric volume of 1.6 cm<sup>3</sup>, the patients were divided into two groups: in group A (tympanometric volume < 1.6 cm<sup>3</sup>), and group B (tympanometric volume > 1.6 cm<sup>3</sup>). A graft uptake of 95 and 77% was recorded in groups A and B, respectively. However, the statistical evaluation of the data revealed no significant effect of this factor.

**Conclusions** In this study, no correlation between the tympanometric volume and the surgical success of pediatric tympanoplasty in selected age group of 5 to 8 years was observed. This implies that there is no distinct advantage of mastoid surgery in pediatric tympanoplasty.

#### A0010: Prevalence, Clinical Profile, and Diagnosis of Dizziness in Pediatric Population

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**Background** Children with giddiness are challenging group of individuals. The diagnosis and management of vertiginous symptoms are often ignored most likely due to the difficulty that young children have in describing their symptoms. These cases are, hence, generally treated with indifference by clinicians.

**Aim** To ascertain the prevalence of vestibular disorders in 0 to 18 years of age group presenting to the Department of ENT, during a period from January 1, 2018 to August 31, 2018 and to systematically analyze the signs, symptoms, and investigations of children presenting with vertigo and make a diagnosis.

**Methods** This was a prospective observational clinical study. Thirty-nine children who presented with dizziness during the stated time period were taken for the study after consent by parents. They underwent detailed neurotological evaluation.

**Results** The prevalence of the pediatric vertigo in the study population is 0.007% (39/5850). There were 25 male and 14 female children. There was one child (2.5%) in 0 to 6 years, 24 children (61.5%) in 6 to 12 years, and 14 children (35.8%) in 12 to 18 years age group. Among them, 13 children (33.3%) presented with symptoms of head rotatory vertigo, 18 (46.2%) with surrounding rotatory vertigo, and eight (20.5%) had symptoms of imbalance and heaviness head.

Among these, two children (0.05%) had unilateral profound hearing loss, while one child (0.02%) had unilateral minimal hearing loss, and retrocochlear pathology was diagnosed in one child. Vestibular evaluation with electronystagmogram was performed in 25 children (64%) out of which