

A0008: Melanoma of External Auditory Canal: An Uncommon Entity

Dillip Kumar Samal

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

Gautam Bir Singh¹

¹Lady Hardinge Medical College and Associated Hospitals, New Delhi, India

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 χ^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 cm³, the patients were divided into two groups: in group A (tympanometric volume < 1.6 cm³), and group B (tympanometric volume > 1.6 cm³). 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

G.R. HariPriya, Lepcha Anjali

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

12 (30.7%) had hypoactive labyrinth (bilateral or unilateral) and one (0.03%) had hyperactive labyrinth (bilateral or unilateral). Two children (0.05%) had abnormal subjective visual vertical. Among the various diagnoses made, the four main pathology found in our study were vestibular migraine in 17 (43.5%), vasovagal syncope in six (15.4%), otolithic dysfunction in three (7.7%), and posttraumatic concussion in three (7.7%) patients.

Conclusion In our study, we have found that the prevalence of pediatric giddiness to be 0.007% and the most common diagnosis made was vestibular migraine. It is quite feasible and essential to evaluate children with vertigo and dizziness systematically to make a relevant clinical diagnosis, which helps in the proper management of these patients and also allay anxiety in parents.

A0011: Microsurgical Anatomy of Stapedius Muscle: Anatomy Revisited, Redefined with Potential Impact in Surgeries

Harshita T.R.,¹ K. C. Prasad²

¹Sri Devaraj Urs Medical College, Kolar, Karnataka, India

²Department of ENT, Sri Devaraj Urs Medical College, Kolar, Karnataka, India

Stapedius muscle, even though being the smallest skeletal muscle in human body, has a major role in otology. As many of the distinguished books in otology missed to explain much about stapedius muscle, and also considering the need for the anatomy-based visit to this small muscle, we felt it was important to have an exercise like this. In the dissection hall of our institution, we dissected 32 cadaveric temporal bones and delineated stapedius muscle as a part of PG teaching program to have a clear idea of the anatomy of the stapedius muscle, its origin, attachment, extension, and size (all dimensions). Length of the stapedius muscle varied between 9 and 11 mm, stapedius tendon measured approximately 2 mm. The muscle had a classical sickle shape with tendon looking like a handle of the sickle. It has a bulky belly with a maximum breadth of 1 to 3 mm. Why to have a clear idea about the anatomy of the stapedius muscle is that, unless the anatomy is clear, there is chance of confusing the muscle with facial nerve while doing facial nerve grafting and also while drilling for facial nerve decompression, even in experienced hands who may get confused and decompress the muscle. Stapedius muscle is said to be the smallest in the body but not as small as its been described. Detailed awareness of the anatomy of stapedius muscle is needed so as to avoid confusion while facial nerve grafting and while drilling.

A0012: Simultaneous Labyrinthectomy and Cochlear Implantation

Joyce Rozario¹

¹Narayana Health City, Bengaluru, Karnataka, India

Introduction Reports indicate that the cochlea remains responsive to electrical stimulation following labyrinthectomy. Post-stapedotomy surgery complications like persistent vertigo and sensorineural hearing loss are debilitating. This case describes the management of a patient by

simultaneous labyrinthectomy and cochlear implantation following complications of stapedotomy.

Case Presentation A 37-year-old male teacher who had undergone stapedotomy 1 month ago at a local hospital, presented with complaints of right ear hearing loss and vertigo. Examination revealed a right-sided posterior marginal perforation and dislocated stapes piston with clear fluid seen filling the middle ear. Pure tone audiogram showed a right ear moderate to severe mixed hearing loss and a left moderate mixed hearing loss. A high-resolution computerized tomogram (HRCT) of the temporal bone was normal. Right revision stapedotomy, closure of perilymph leak and myringoplasty were done. Patient improved symptomatically with improvement of hearing and relief from vertigo. However, 3 months later patient developed viral labyrinthitis with severe vertigo and right-sided severe profound hearing loss. He was treated conservatively with IV antibiotics. Patient continued to have intractable vertigo and hearing loss. The patient subsequently underwent right simultaneous labyrinthectomy and cochlear implantation 7 months after the second surgery. Postoperatively, the patient had dramatic relief from vertigo and was able to resume to his daily routine activities.

Discussion and Conclusion Simultaneous labyrinthectomy and cochlear implantation following complications of stapedotomy offers successful treatment and is yet another indication for cochlear implantation.

A0013: Outcomes of Endoscopic Stapedotomy Khageswar Rout

Traditional surgery for otosclerosis is performed by microscopic approach. However, in recent years, endoscopic instrumentation, techniques and knowledge have greatly improved and, in our opinion, endoscopic stapedotomy will gain increasing importance in otology in future. It is a newer prospective. The aim of this presentation is to highlight importance of endoscope over microscope, particularly the panoramic view of entire foot area, both anterior crus and posterior crus visualization, and the results associated with endoscopic technique. We conducted a study on endoscopic stapedotomy between June 2016 and May 2018 in which we operated 16 cases. Preoperative surgical findings, complications, and duration of surgery, and air bone gap improvements were analyzed. Postoperative results were very good at par with microscopic technique.

A0014: A New Method of Cadaver Dissection in the Temporal Bone

M. Kumaresan, Navin Bharath

Aim Illustration of an easy method of entering into the middle ear and proceed further to the brain in a cadaver.

Methods Learning the live anatomy is essential for any surgery before it is undertaken by a surgeon. It can be undertaken in human cadaver or sheep cadaver. We dissected out the temporal mandibular joint as a first-step study. The external auditory canal, the whole length and breadth can be studied easily after removal of the thin bone between external auditory canal and temporal mandibular joint.