



Wednesday, July 8, 2009 - Room W04 - 08:45

## ***"Down the European Microscope"***

**Live Ear Surgery Link to the Causse Ear Clinic, Béziers (France)**

Under the auspices of:



***Moderator: John Oates***

***Surgeons: Robert Vincent, Benoit Gratacap***

## **Program - Case presentation**

Live streaming powered by:



08:45

### Case 1 (Right ear) Osteogenesis Imperfecta - Primary Surgery

Argon laser stapedotomy with vein graft interposition. Transcanal approach. Surgeon: Robert Vincent

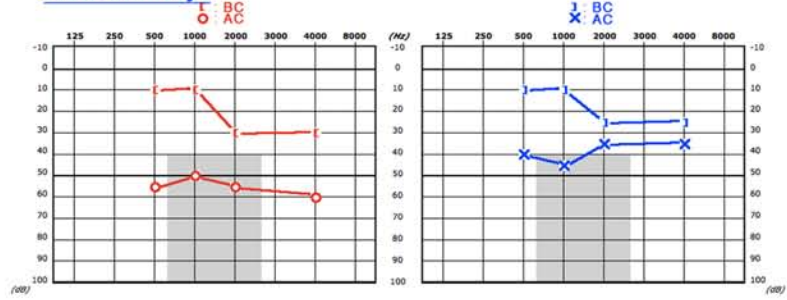
**History:**

Male, 44 year-old presenting with Osteogenesis Imperfecta type I. Long-term progressive bilateral hearing loss more severe on the right ear. Family history of Osteogenesis Imperfecta type I. No tinnitus nor dizziness.

**Clinical examination:**

Otoscopy: normal both sides.

**Audiometry:**



11:15

### Case 2 (Right ear) Tympanoplasty with ossicular reconstruction

Canal wall up technique - Ossiculoplasty with HA-Titanium prosthesis - Malleus relocation & silastic banding. Surgeon: Benoit Gratacap

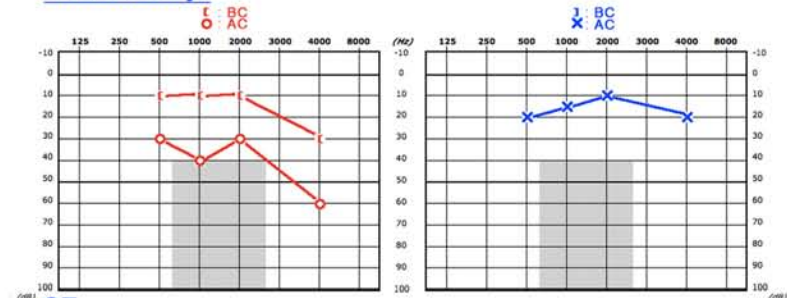
**History:**

Female, 46 year-old. Repeated otitis during childhood. T-Tube inserted in the right ear in 2007. Progressive right-sided hearing loss. No otorrhoea. No vertigo.

**Clinical examination:**

Right ear: Large unstable atticotomy with incus erosion. Left ear: normal

**Audiometry:**



**CT**



Axial



Coronal

### Case 3 (Right ear) Otosclerosis revision surgery. Eroded incus

Argon laser stapedotomy with vein graft interposition. Ossiculoplasty with HA-Teflon TORP - Transcanal approach. Surgeon: Robert Vincent

**History:**

Female, 27 year-old. Residual right-sided hearing loss despite 3 previous operations for otosclerosis (other centers). Primary operation in 1987. First revision operation in 2002: incus erosion; ossiculoplasty with TORP from malleus to stapedectomy. Second revision in 2005 for prosthesis extrusion; ossiculoplasty with teflon piston which was attached to the residual eroded incus: good initial result followed with recurrence of hearing loss 2 years later. No tinnitus nor dizziness.

**Clinical examination:**

Otoscopy: atrophic TM both sides.

**Audiometry:**

