Panel: Endoscopic Eustachian Tube Surgery

Chair: Dennis Poe
Our panelists:
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Case 1

- 32 year old male
- Tubes for OME as a child, outgrew, but has always had difficulty with flights (consistent barochallenge history)
- URI last year with persistent OME requiring myringotomy, relieved effusion but increasing barochallenge
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- Tubes for OME as a child, outgrew, but has always had difficulty with flights (consistent barochallenge history)
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Case 1

- Normal torus
- Inflamed band of redundant mucosa in floor and posteromedial wall
- Inflammation does not appear to significantly compromise ability to open ET (grade 2)
- Candidate for M&T or BDET
Case 2

• 40 year old female
• OME, M&T as a child, outgrew symptoms on left
• Longstanding allergic rhinitis
• Barochallenge, OME occurs after URI & lasts days to weeks
• Had M&T 3 times on right, relieves symptoms
• New ear fullness and hearing loss persisting after URI
Case 2

- 40 year old female
- OME, M&T as a child, outgrew symptoms on left
- Longstanding allergic rhinitis
- Barochallenge, OME occurs after URI & lasts days to weeks
- Had M&T 3 times on right, relieves symptoms
- New ear fullness and hearing loss persisting after URI
Case 2

- Torus edematous, thick
- Prominent tubal tonsil tissue, especially medially
- Inflammation & cobblestoning in lumen significantly compromise ability to open ET (grade 3)
- Candidate for M&T or BDET
- Consider cautery tubal tonsil & lateral adenoid
- If disease on right (TM perf, OETD), can also treat
Case 3

- 51 year old male
- Obese, OSA, former smoker, sinusitis controlled after FESS x2
- Barochallenge, chronic OME occurs after URI, had M&T x 2 in past 5 years, relieves symptoms.
- New ear fullness, hearing loss bilaterally (worse left) persisting after URI
Case 3

- 51 year old male
- Obese, OSA, former smoker, sinusitis controlled after FESS x2
- Barochallenge, chronic OME occurs after URI, had M&T x 2 in past 5 years, relieves symptoms.
- New ear fullness, hearing loss bilaterally (worse left) persisting after URI
Case 3

- Torus edematous, thick
- Tubal tonsil cobblestoning minimal, moderate adenoid hypertrophy
- Inflammation in lumen significantly compromises ability to open ET (moderate)
- Anterior thrusting blocks ET (Grade 4)
- Candidate for M&T or BDET
- Consider cautery tubal tonsil & lateral adenoid, turbinates