TEES revision surgery after primary mastoid obliteration: case presentation

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I have nothing to disclose.

No, within the last 12 months I have not had any type of financial arrangement or affiliation with commercial interests related to the content of this continuing education activity that requires disclosure.
Primary presentation

Female, 57 years

Cholesteatoma right ear

Hearing is rehabilitated with conventional hearing aid
Considerations:

Cholesteatoma extending into mastoid (beyond HSCC and more lateral than Korner septum)

Labyrinthine fistula

Skull base defect

Preservation of hearing and maximize chance of CHA rehabilitation

Decision:
CWU with mastoid obliteration
EAMES
Postoperative follow up revealed a safe, dry and self cleansing ear.

MRI-DWI 3 years post-operative showed no signs of disease recidivism.
5 years post-operative. Sudden hearing loss. MRI fusion imaging

Considerations:

Residual disease in anterior epitympanic area.

Primary obliterated cavity.

Normal aerated middle ear.
Tragal cartilage reconstruction scutum
Silastic in middle ear space
Residual cholesteatoma in anterior epitympanum
Empty cholesteatoma sac
Obliterated antrum
Tensor tympani muscle
Facial nerve
Oval window nice
Tubal orifice
Tragal cartilage reconstruction scutum
Silastic in middle ear space
Residual cholesteatoma in anterior epitympanum
Empty cholesteatoma sac
Obliterated antrum
Tensor tympani muscle
Facial nerve
Oval window nice
Tubal orifice
Postoperative follow up:
A safe, dry ear.

Bilateral conventional hearing aids are used with satisfaction

MRI-DWI 1 year post-operative shows no signs of disease recidivism.
Our results of CWU with mastoid obliteration

14% disease recidivism.

Only one case of residual disease in obliterated area
Our results of TEES after mastoid obliteration

6 cases residual disease - 0 recidivism
7 cases recurrence disease - 1 recidivism

25 cases (ossicular chain reconstruction)

Only one case revision trans mastoid approach
Our conclusion and opinion:

‘Extensive’ cholesteatoma cases should be considered not to be suitable for TEES.

We would prefer microscopic CWU (or CWD) with primary mastoid obliteration.

Revision surgery (disease recidivism or hearing improvement) after primary obliteration is very suitable for TEES.

TEES is the preferred surgical option following primary obliteration) as the disease is primarily located in the middle ear space and epitympanic area.