Pediatric Panel: Complex Cholesteatoma
World Congress on
Endoscopic Ear Surgery 3.0

Panel Chairs

Stephen Hoff, MD
Northwestern University
Lurie Children’s Hospital
Chicago, USA

Seiji Kakehata, MD
University of Yamagata
Yagamata, Japan
Panelists

Sharon Cushing, MD
University of Toronto
SickKids
Toronto, Canada

Alejandro Rivas, MD
Vanderbilt University
Nashville, USA

Michael Tong, MD
Chinese University of Hong Kong
Hong Kong
Panelists

Samantha Anne, MD
Cleveland Clinic
Cleveland, USA

Yong Cui, MD
Guangdong Provincial People’s Hospital
Guangzhou, China

José Rivas
Clinica Rivas
Bogota, Columbia
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<tr>
<th>Name</th>
<th>Role/Relationship</th>
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<tbody>
<tr>
<td>Dr. Hoff</td>
<td>None</td>
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<tr>
<td>Dr. Kakahata</td>
<td>None</td>
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<tr>
<td>Dr. Rivas</td>
<td>Consultant: Cook, Stryker, Grace, MED-EL, Advanced Bionics, Cochlear Americas</td>
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<tr>
<td>Dr. Tong</td>
<td>None</td>
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<td>Dr. Cui</td>
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<td>Dr. Anne</td>
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Endoscopic approach to complex cholesteatoma

- Access the disease where it starts and spreads
- Able to look around corners where cholesteatoma hides
- Open ventilation pathways in the middle ear
- Minimally-Invasive
- High patient/parent satisfaction
Endoscopic approach to complex cholesteatoma

Potential disadvantages:

• One-handed surgery
• Bleeding can be frustrating
• Potential damage to ossicles
• Learning curve
• Longer operative times
Case 1
Acquired Cholesteatoma
Acquired Cholesteatoma
Suction flap knife
• Epinephrine-soaked pledgets – use often, and under flap
• Patient positioning – reverse trendelenburg
• Injection of the canal – posterio-superior
• Mean Arterial Pressure (MAP) as low as tolerated
• Irrigation and patience
• Electrocautery and laser in the ear canal and middle ear

Anschuetz et al., 2017
Acquired Cholesteatoma
Case 2
Acquired Cholesteatoma
Acquired Cholesteatoma
Acquired Cholesteatoma
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(Panetti Set)
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Extracting cholesteatoma from the antrum
CASE 3
Middle Ear Ventilation
Middle Ear Ventilation
The Tensor Fold
CASE 4
Congenital cholesteatoma – stage IV
Congenital cholesteatoma – stage IV
3 year-old boy

Diagnosis?

Extent of disease?

Operative procedure?
Congenital Cholesteatoma
TP Ivi
3 year-old boy
Preservation of mastoid bone and mucosa

Minimum bone removal
Presurgical image diagnosis

Existence and extent of cholesteatoma

Pearls and Pitfalls
CASE 5
Congenital cholesteatoma – stage III
CASE 6
Second stage – first done elsewhere
Endoscopic clinic surveillance
Second Stage - Pearls