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MEDICAL EXCELLENCE AND
COMPASSIONATE CARE

Optimal Extent of Endoscopic vs Microscopic Surgery in Cholesteatoma Extending Beyond the Inner Ear/Facial n.

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Disclosure

- None





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48yom Cholesteatoma m/p Congenital

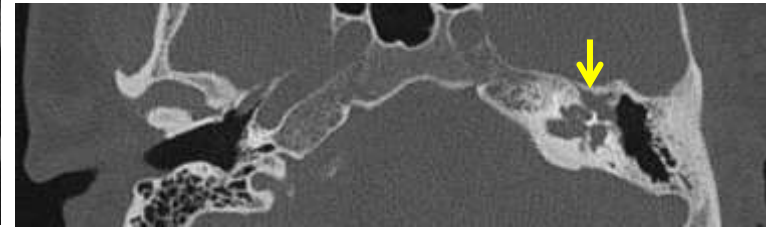
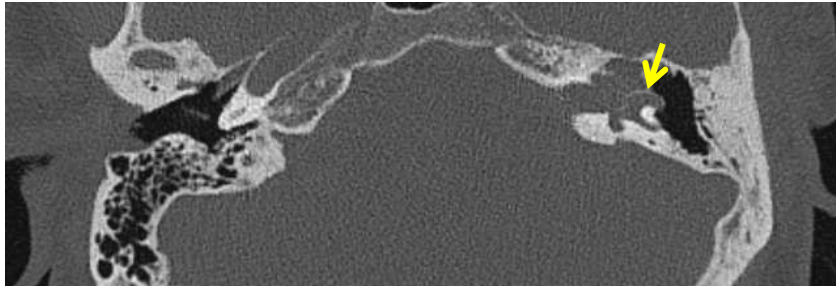
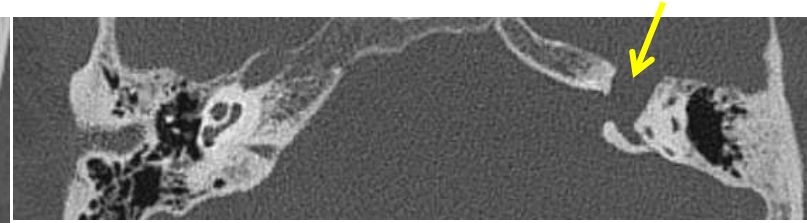
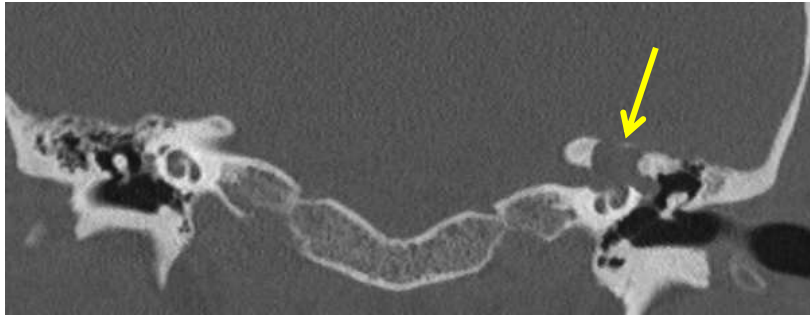
- Chief complaint – Left facial paralysis
- Dx of cholesteatoma at the age of 22y
 - Deferred surgery
- Physical Examination:
 - Normal otoscopy
 - Complete Left Facial n. palsy (HB 6/6)
 - HIT – pathological saccade with head thrust to left
- Left ear - anacusis





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Non-EPI DWI MRI positive for cholesteatoma

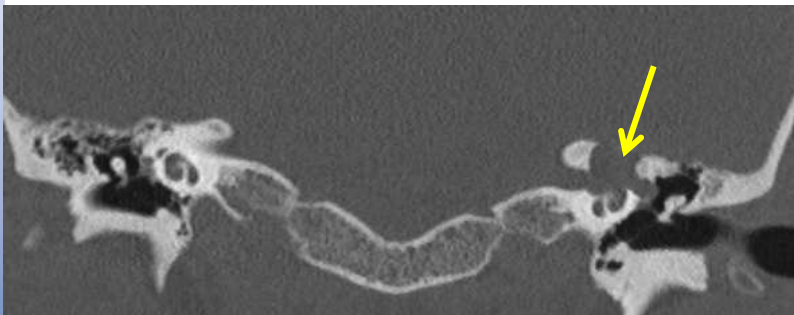




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Microscope vs. EES?







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Development and Validation of an Endoscopic Ear Surgery Classification System

Michael S. Cohen, MD; Razan A. Basonbul, MBBS, MPH ; Samuel R. Barber, MS;
Elliott D. Kozin, MD ; Alejandro C. Rivas, MD, FACS; Daniel J. Lee, MD, FACS

***Laryngoscope*, 128:967–970, 2018**

TABLE I.
EES Classification System.

EES Class	Class 0	Class 1	Class 2a	Class 2b	Class 3
Extent of endoscope usage	Microscope only (endoscope not used)	Inspection only (endoscope used for inspection without dissection)	Mixed dissection (endoscope used for < 50% of dissection)	Mixed dissection (endoscope used for > 50% of dissection)	Endoscope only (microscope not used)

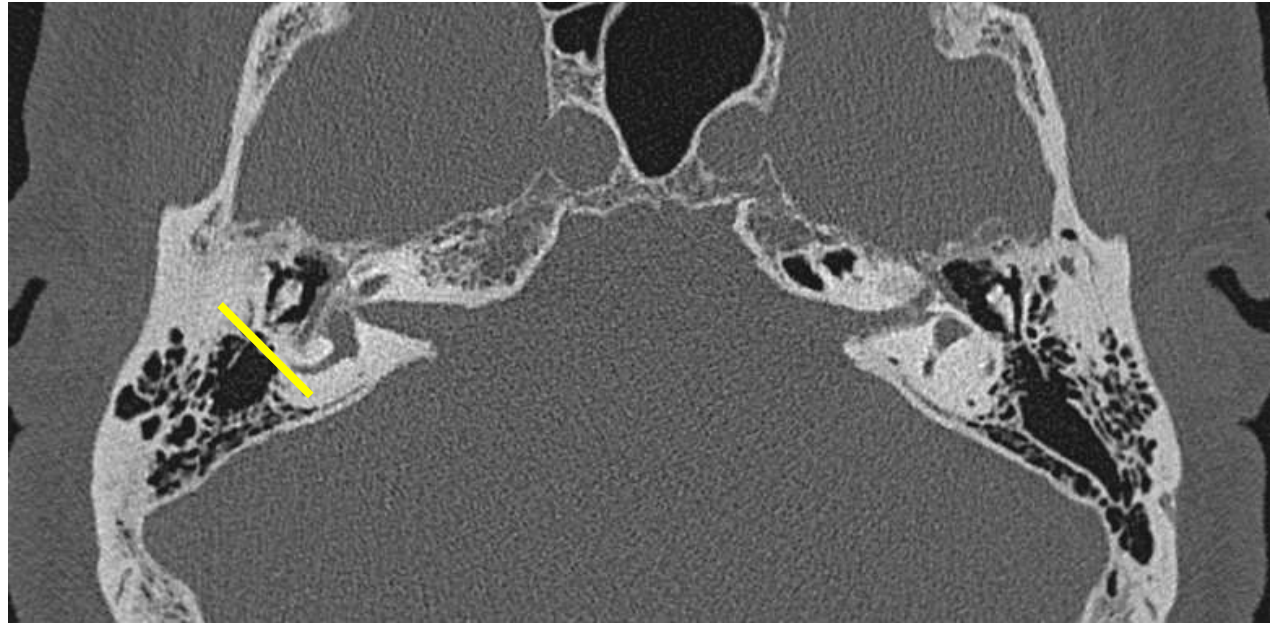
EES = endoscopic ear surgery.





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For Cholesteatoma Limited to the Middle Ear Cleft – Extension Beyond Middle of Lateral SCC Possible Limit for Exclusively (Class 3) EES







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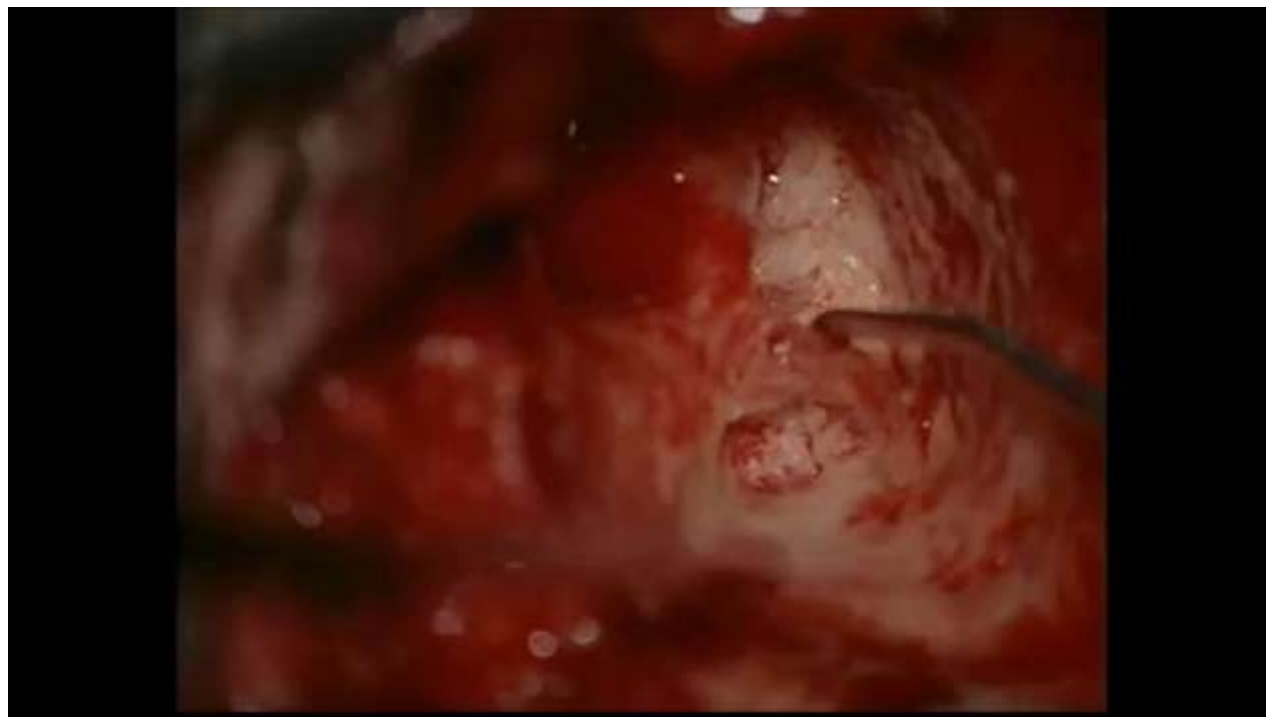
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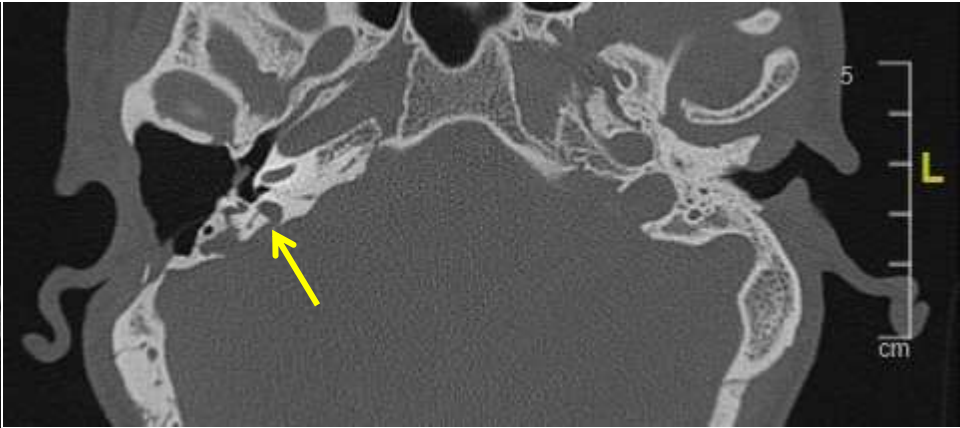
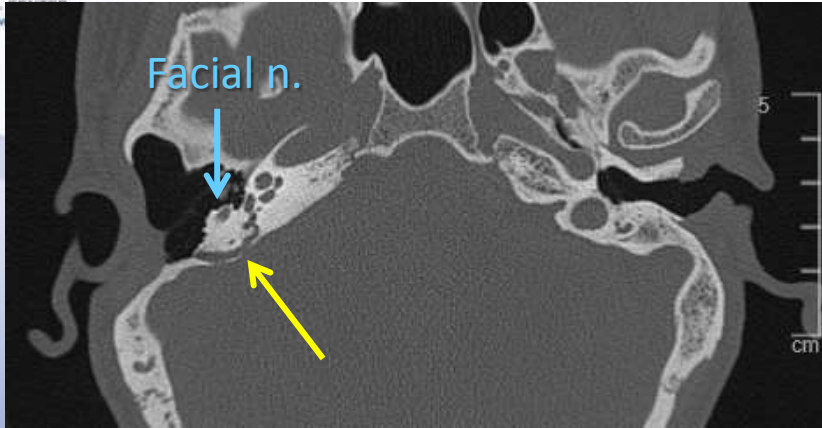
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5 months post op

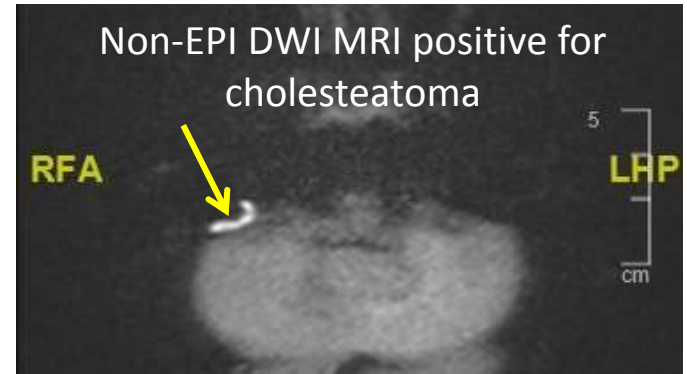


Patient consented to the use of the video





- 27yom, s/p 2Xmastoid surgery for cholesteatoma
- Conductive hearing loss
- Normal facial n. function
- Low gain in Posterior SCC on cHIT
 - Otherwise normal vestibular function





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Thoughts

- Endoscope's ability to see around corner
- Extended drilling under microscope

