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Ωτορινολαρυγγολογίας

CHONDROTYMPANOPLASTY - ΧΟΝΔΡΟΤΥΜΠΑΝΟΠΛΑΣΤΙΚΗ

ΕΙΝΑΙ ΜΕΘΟΔΟΣ ΤΥΜΠΑΝΟΠΛΑΣΤΙΚΗΣ ΠΟΥ ΑΝΑΠΤΥΧΘΗΚΕ ΣΤΟ ΠΑΝΕΠΙΣΤΗΜΙΟ ΑΘΗΝΩΝ ΑΠΟ ΤΟΝ ΚΑΘΗΓΗΤΗ κ.ΦΕΡΕΚΥΔΗ , ΠΟΥ ΕΚΤΕΛΕΙΤΑΙ ΜΕ ΧΟΝΔΡΟ ΣΕ ΔΟΚΙΔΕΣ ΑΠΟ ΤΟ ΠΤΕΡΥΓΙΟ ΤΟΥ ΑΥΤΙΟΥ.

ΟΙ ΔΟΚΙΔΕΣ ΕΙΝΑΙ ΑΠΑΡΑΙΤΗΤΕΣ ΕΠΕΙΔΗ Η ΤΟΠΟΘΕΤΗΣΗ ΠΛΑΚΑΣ ΧΟΝΔΡΟΥ ΛΟΓΩ ΤΗΣ ΑΝΤΟΧΗΣ ΤΟΥ ΧΟΝΔΡΟΥ ΣΤΟ ΠΥΟΝ ΣΕ ΠΕΡΙΠΤΩΣΗ ΩΤΙΤΙΔΑΣ ΘΕΤΕΙ ΣΕ ΚΙΝΔΥΝΟ ΤΗ ΖΩΗ ΤΟΥ ΑΡΡΩΣΤΟΥ.ΜΕ ΑΛΛΑ ΛΟΓΙΑ ΑΝΤΕΝΔΕΙΚΝΥΤΑΙ Η ΧΡΗΣΗ ΤΟΥ ΧΟΝΔΡΟΥ ΣΕ ΜΟΡΦΗ ΠΛΑΚΑΣ.

ΛΟΓΩ ΤΗΣ ΙΔΙΑΙΤΕΡΟΤΗΤΟΣ ΤΗΣ

ΜΑΖΑΣ ΤΟΥ ΧΟΝΔΡΟΥ Η ΛΕΙΤΟΥΡΓΙΑ ΤΟΥ ΑΥΤΙΟΥ ΕΙΝΑΙ ΠΙΟ ΚΟΝΤΑ ΣΤΑ ΦΥΣΙΟΛΟΓΙΚΑ ΔΕΔΟΜΕΝΑ. ΕΠΙ ΠΛΕΟΝ Ο ΧΟΝΔΡΟΣ ΠΡΟΣΤΑΤΕΥΕΙ ΑΠΟΤΕΛΕΣΜΑΤΙΚΑ ΤΟ ΑΥΤΙ ΚΑΙ ΑΝΤΕΧΕΙ ,ΧΩΡΙΣ ΝΑ ΚΑΤΑΣΤΡΑΦΕΤΑΙ ΟΤΑΝ ΚΑΜΜΙΑ ΦΟΡΑ ΜΕΤΑ ΤΗΝ ΕΓΧΕΙΡΙΣΗ ΤΟ ΑΥΤΙ ΕΜΦΑΝΙΣΕΙ ΩΤΙΤΙΔΑ.

Although the temporalis fascia has been widely used since 1957 as a graft in tympanoplasty, it can eventually become thin and atrophic. In addition, due to the lack of elasticity and resistance to pressure changes in the external ear canal, secondary perforations may also develop. Therefore, several authors have suggested that temporalis fascia should be strengthened by periosteum or replaced by cartilage.

MATERIAL/METHODS: In the present paper the term chondrotympanoplasty is introduced to describe modified techniques of cartilage graft tympanoplasty and intratympanic chondroplasties. These techniques were used in 76 patients who were prospectively followed up for two years post-operatively.

RESULTS: In type I chondrotympanoplasty, the mean pre-operative air-bone gap was reduced from 20 dB to 8 dB at 2000 Hz. In 93% of these cases the cartilage graft was taken without problems and there was no perforation in the new eardrum. In two cases of type I chondrotympanoplasty who experienced acute post-operative otitis media, the cartilage graft was found to be relatively resistant to infection, as only a pinhole perforation was noted. Type III chondrotympanoplasty with endotympanic chondroplasty (intratympanic tubal chondroplasty and intratympanic stapes chondroplasty) was found to give good aeration in the cavity, an intact new eardrum, and remarkable hearing results, reducing the mean pre-operative air-bone gap from 25 dB to 10 dB at 2000 Hz.

CONCLUSIONS: Cartilage was found to be an excellent graft material and the described chondrotympanoplasties gave very promising results. Cartilage should be used more widely in tympanoplasty (chondrotympanoplasty).

References

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