

Abstract

Introduction: A significant number of pediatric cleft patients suffer from OMS and its consequences as hearing loss, adhesive retraction changes and cholesteatoma. The aim of our retrospective study was to find out whether these effects can be minimized by selecting an operative technique to correct the palate - using pharyngofixation or by surgery timing .

Material and methods: Retrospective study involving 163 patients - 325 ears (1x external auditory canal atresia), operated at the age of 5 months - 8 years, follow up time 36-84 months.

Results: 125 (38%) ears had an epitympanic retraction and 45 (14%) had a superior posterior quadrant retraction, 10 (3%) had cholesteatoma, together 5 epitympanic and 5 sinus cholesteatoma. No significant relationship was found between the use of pharyngofixation and the severity of the otologic finding, respectively of retraction rates in the epitympanum and the posterior superior quadrant (p 0.53). Analogous no significant relationship was found between the surgery timing and the severity of the otologic finding (p 0.48)

Conclusion: In our findings, the use of pharyngofixation and timing of palate correction surgery is not related with the severity of subsequent otologic findings.

According to our experience and in accordance with the literature, the best prevention of adhesive retraction changes and cholesteatoma remains the

follow-up with careful otomicroscopic monitoring and early indication for surgical treatment according to the severity of changes and process dynamics.

Keywords: pharyngofixation, palate correction, cleft, retraction, cholesteatoma, otologic finding