

Myringoplastyka u dzieci - czynniki wpływające na wynik leczenia chirurgicznego

Myringoplasty in children - success factors

Bożena Skotnicka, Elżbieta Hassmann-Poznańska

Summary

Objective. Myringoplasty is successfully performed in children since many years. However still considerable controversy surrounds the subject of proper timing of surgery and other factors influencing the success rate. The aim of this study was to assess the results of myringoplasty in children and to determine which factors influence the postoperative results. **Material and methods.** Retrospective study of the anatomic and functional results of 82 consecutive myringoplasties performed in children between 1996-2004. Seventy one children (mean age $13 \pm 2,9$ years, range 6,4-18 years) who had undergone myringoplasty because of central perforation or retraction pocket in the pars tensa were evaluated. All of the children underwent myringoplasty using endaural or post-auricular approach and underlay technique. Temporalis fascia, perichondrium or cartilage were used as a graft material. The results were assessed on the basis of otoscopic and audiometric examination pre and postoperatively. Following factors have been analyzed to assess their influence on the success rate: age, size and site of perforation, status of the operated ear (dry/discharging), status of the contralateral ear. **Results.** Closure of the perforation was achieved in 91,5% of children. A good anatomic outcome was observed in 87,8%. The Air Bone Gap between 0-20 dB was observed in 95,6% of patients. Age below 10 years was found to significantly affect the results of surgery. The rate of success was lower in cases with pathological process in the contralateral ear but the difference was not statistically significant. **Conclusions.** Myringoplasty with underlay grafting of the fascia temporalis or perichondrium gives good anatomic and functional results in children. The results are significantly worst in children below 10 years of age. Pathological changes in the contralateral ear influence the risk of an abnormal postoperative tympanic membrane.