Tilmelding af Foredrag

Foredragets titel

Tubomanometry-score as Outcome Prediction of Balloon Eustachian Tuboplasty in Patients with Eustachian Tube Dysfunction.

Forfatter(e)

N. Holm (1)
C. Pfeiffer (2)
T. Ovesen (1,3)

Afdeling/praksis

1) Øre-Næse-Halskirurgi, Regionshospitalet Gødstrup
2) Klinikum Bielefeld, Tyskland
3) Institut for Klinisk Medicin, Aarhus Universitet

Uddannelsesniveau

1) MD, speciallæge, Ph.D-studerende
2) MD, speciallæge, overlæge,
3) MD, speciallæge, klinisk professor, overlæge, dr.med.

Introduktion

Tubomanometry (TMM) is a non-invasive objective diagnostic technique used to assess the function of the Eustachian tube (ET). By applying a constant, standardized pressure via a nasal probe, pressure changes in the outer ear canal established by swallowing a sip of water are measured. The pressure changes reflect the opening of ET, and TMM detects the delay of the ET opening as well as lack of ET opening. The test is performed at both 30 mbar, 40 mbar and 50 mbar.
Balloon Eustachian Tuboplasty (BET) is a relatively new treatment offered to patients suffering from longstanding obstructive Eustachian tube dysfunction (ETD). So far, it is unclear which patients will benefit from BET. We aim to assess whether preoperative TMM-score can predict outcome of BET in patients with ETD.

Materiale/metode

A total of 125 ETD patients having BET performed at Klinikum Bielefeld, Germany, were included in the study. All patients underwent TMM before and three months after BET. Otomicroscopy, tympanometry as well as subjective symptoms were registered pre- and postoperatively.

Resultater

Currently, preliminary data are analyzed in terms of predictive positive and negative value, which will be presented at the oral presentation.

Diskussion

BET is a fairly expensive treatment and optimal selection of ETD patients to undergo BET is of utmost significance for both patients and the healthcare system. Assessing the nuances of tubomanometry could be essential for clinicians seeking for understanding the function of ET in patients with ETD and predicting outcome after BET.

Forfatters fulde navn

Niels Højvang Holm

Forfatters email

NielsHolm@gmail.com