Abstract

New Techniques in Ossicular Reconstruction: Malleus Relocation, Silastic Banding and Bone Anchored Malleus Prosthesis

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The purpose: Two original surgical techniques previously published by the author and used routinely at the Causse Ear Clinic for ossiculoplasty will be first presented: Malleus Relocation and Silastic Banding.

Methods: These two techniques have greatly enhanced stability of the reconstructed middle ear and have improved outcomes. The malleus relocation allows for better placement of both partial (PORP) and total (TORP) prostheses as well as incus autograft. By relocating the malleus to a more favorable position, one can achieve easier and more stable placement of middle ear prostheses. In cases with an intact stapes, the Silastic Banding technique is used: an ossiculoplasty is performed with a TORP positioned from the stapes footplate to the under-surface of the tympanic membrane. This technique is applicable when the malleus is absent (Austin-Kartush group C) or with a relocated malleus (Austin-Kartush group A).

Results: Long-term prospective hearing results of these two techniques will be presented reporting a personal series of more than 1400 cases of PORPs and TORPs over a 15-year period using the Otology Neurotology Database. Since the introduction of these 2 techniques incis transposition is not anymore used at the Causse Ear Clinic. The author will also present the newly designed Bone Anchored Malleus Prosthesis (BAMP) which was introduced to replace a missing malleus. The BAMP was developed to improve results of cases with absent malleus that had been previously managed with columellae. Any type of partial or total ossicular chain replacement prosthesis can be coupled to the BAMP which will enhance the stability of PORPs and TORPs.

Key words: Ossicular Reconstruction, Malleus Relocation, Malleus Prosthesis