بسم الله الرحمن الرحيم

شبكة المعلومـــــات الجامعية

التوثيق الالكتروني والميكروفيلم

شبكة المعلومات الجامعية

جامعة عين شمس

التوثيق الالكتروني والميكروفيلم

﴿ قـــسـم ﴾

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STUDY OF MYRINGOPLASTY USING TRAGAL PERICHONDRIUM GRAFTS VERSUS TEMPORALIS FASCIA GRAFTS

Thesis
Submitted for partial Fulfillment of the Master Degree in Oto-Rhino-Laryngology

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وقل رب زدني علما

صدق الله العظيم

LIST OF ERRATA

Page	Line	Error	Correction
1	1	Myringlopasty	Myringoplasty
1	5	myringloplasty	Myringoplasty
1	11	threory	theory
1	5	suppuative	suppurative
4	1	the evaluate the rate	the to evaluate the rate
27	7	ears	years
28	1	Myrinogplasty	Myringoplasty
30	1	premanent	permanent
31	16	midial	medial
35	10	patients	patient's
35	14	Maintanance	Maintenance
36	1	plased	placed
36	5	days	Day
36	7	moth	month
36	8	repected	repeated
56	2	myrigoplasty	Myringoplasty
58	2	myringloplasty	Myringoplasty
58	12	myringloplasty	Myringoplasty
63	11	15 dB.	11 dB.
63	17	type A.	type (A) curve
64	24	In the other	on the other
65	9	after one month and three months	After three months

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INTRODUCTION

INTRODUCTION

Myringlopasty is an operation in which the reconstructive procedure is limited to repair of tympanic membrane perforation. Exploration of the middle ear and ossicular chain is a routine part of most myrignoplasty operations ***(Sheehy and Anderson, 1980).***

The purpose of myringloplasty is to decrease the susceptibility of infection, to improve hearing function by re-establishing the hydraulic ratio to bring stability to the ear cleft by recreating an intact stable sphincteric ear pouch and to restore a smooth continuous migratory tract to the external canal ***(Puhakka, 1979).***

The role of mastoid pneumoatization has been mentioned as a factor affecting on outcome of myringoplasty. The air reservoir threory states that the mastoid air cell system provides apneumatic reservoir upon which the middle ear can draw during period of eustachian tube dysfunction ***(Jackler and Schindler, 1984).***

Chronic suppuative otitis media, a common sequal of neglected acute otitis media, recurrent pharyngitis or eustachian tube dysfunction, is known for its association with ear drum perforation. Different operations have been advocated for the treatment of this complication and restoration of the conductive hearing system among these is myringoplasty. Myringoplasty by definition is an operation performed to repair or reconstruct the tympanic membrane. Often in correctly referred to as (type 1 Tympanoplasty) because myringoplasty does not imply remove of disease from the middle ear ***(Frootko, 1985).***

A variety of materials have been used for closure of tympanic membrane perforation and we select the graft according to:

- The ease of obtaining the tissue, the size of the defect to be repaired, the expected hearing improvement. The durability of the heald graft the problem involved in the management of the donor area, the specific complications which may be anticipated from the biologic properties of the tissue, lastly the extent and duration of the post-operative care *(Lebo, 1962).*
- A considerable variety of fresh autograft materials have been used in amyringoplasty.

Perichondrium:

The use of perichondrium for closure of tympanic membrane perforation is well established perichondrium- from the tragus is a very satisfactory tissue for the following reasons: accessibility in the operative site availability in adequate amount excellent contour, excellent survival capacity and small freedom from osteogenic or chondrogenic tendencies *(Gandhi, 1980).*

Fascia:

The material that has gained most popularity until the present date is temporalis fascia first advocated by **Heerman 1960** *(Gandhi, 1980).*

The results of tympanic membrane grafting have improved dramatically in the past few years with wide spread use of temporalis fascia *(Puhakka, 1979).*

Fascia has many advantages such as the relatively limited number of cells results in lower metabolic rate and consequently a good survival

prospect and resistance to poor healing condition, rich in collagen fibres and lacks elastic components which makes the graft much easier to handle since it doesn't curl or roll as skin graft do, it is readily obtainable in adequate amount. The construction of fascial grafts is less differentiated so these ought to adapt themselves more easily in a new surrounding and it has proved. It self in it's practical application the only disadvantage of such material is that the drums repaired with fascia tend to be thick and less conical ***(Puhakka, 1979).***

AIM OF THE WORK