1- Far-Advanced Otosclerosis

Patient with far advanced otosclerosis can benefit with stapedectomy operation with a limit.

2- Stapes Surgery in elderly

Stapedectomy can be done in elderly in a limit.

3- Outcome of malleo-stapedotomy using the malleus relocation technique during revision stapes surgery

Objective: This study aimed to use a new otological technique, malleus relocation, to solve the problems of ossicular reconstruction undertaken during revision stapes surgery for incus necrosis.

Study design: Prospective study of 12 patients undergoing revision stapedectomy for incus necrosis, in the otolaryngology department of Mansoura University, Egypt.

Patients and methods: Twelve patients underwent ossiculoplasty between June 2004 and June 2007, as part of revision surgery for otosclerosis with incus necrosis. All patients underwent ossiculoplasty using the malleus relocation technique. Ossiculoplasty used the patient's own, necrosed incus between the relocated malleus and the footplate.

Results: Post-operative air–bone gap closure to within 10 dB was achieved in seven patients (58.3 per cent). An air–bone gap of less than 20 dB was obtained in 10 patients (83.3 per cent). Deterioration of bone conduction by 10 dB occurred in one case. No patients were left with a dead ear. Patients' hearing was stable throughout the follow-up period (range six to 40 months; mean ± standard deviation 23.5 ± 12.8 months).

Conclusion: These findings indicate that malleus relocation, performed during revision stapes surgery, is a safe and efficient technique for the treatment of incus necrosis.

4- Outcome of malleo-stapedotomy using the malleus relocation technique during revision stapes surgery.

Objective: This study aimed to use a new otological technique, malleus relocation, to solve the problems of ossicular reconstruction undertaken during revision stapes surgery for incus necrosis.

Study design: Prospective study of 12 patients undergoing revision stapedectomy for incus necrosis, in the otolaryngology department of Mansoura University, Egypt.

Patients and methods: Twelve patients underwent ossiculoplasty between June 2004 and June 2007, as part of Q1 revision surgery for otosclerosis with incus necrosis. All patients underwent ossiculoplasty using the malleus relocation technique. Ossiculoplasty used the patient's own, necrosed incus between the relocated malleus and the footplate.

Results: Post-operative air–bone gap closure to within 10 dB was achieved in seven
patients (58.3 per cent). An air–bone gap of less than 20 dB was obtained in 10 patients (83.3 per cent). Deterioration of bone conduction by 10 dB occurred in one case. No patients were left with a "dead ear". Patients' hearing was stable throughout the Q2 follow-up period (range six to 40 months; mean ± standard deviation 23.5 ± 12.8 months).

Conclusion: These findings indicate that malleus relocation, performed during revision stapes surgery, is a safe and efficient technique for the treatment of incus necrosis.