Response to “Commentary on: ‘Endoscopic Lateral Cartilage Graft Tympanoplasty’”

DOI: 10.1177/0194599817737978

Thank you for your commentary on “Endoscopic Lateral Cartilage Graft Tympanoplasty.”

Lateral graft tympanoplasty requires meticulous technique to achieve desirable outcomes, particularly when performed with an exclusive endoscopic approach. We agree with Lou that canaloplasty is rarely necessary to view the entire tympanic annulus when employing transcanal endoscopic ear surgery. Canaloplasty has additional benefits other than intraoperative visualizing, including facilitating postsurveillance, and it is a crucial step to avoid blunting with a lateral technique.

We agree with Lou’s assessment that endoscopic butterfly and underlay techniques are simpler than a lateral technique, but the outcomes of the cited literature (Tseng, 93%; Alain, 88%; Ozgur, 95.6%; Abdel, 88%) are similar to what is reported with an endoscopic lateral technique (88%). The patient population in the endoscopic lateral graft technique had more advanced disease (47% myringitis/otorrhea), which was an exclusion criterion for all studies cited by Lou. The Alain et al study was the only one that had a similar patient population, with total or subtotal perforations in which a microscope with or without an endaural approach was used. All subjects in that study were required to have a dry ear prior to surgery, unlike the subjects undergoing endoscopic lateral cartilage graft.

All 6 subjects with cholesteatoma in the endoscopic lateral graft study had disease confined to the middle ear or with limited involvement of the aditus ad antrum, which was removed via an exclusive transcanal endoscopic approach.

Brandon Isaacson, MD
Department of Otolaryngology–Head and Neck Surgery, University of Texas Southwestern Medical Center, Dallas, Texas, USA

Disclosures
Competing interests: Brandon Isaacson, consultant—Stryker, Storz, Olympus, Medtronic, Advanced Bionics; advisory board—Advanced Bionics, MED-EL.
Sponsorships: None.
Funding source: None.

References