**Original article.
Modified intact canal wall mastoidectomy technique in chronic suppurative otitis media: A prospective study of 50 cases
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**Abstract**

**Introduction:** The classical intact canal wall (ICW) mastoidectomy with tympanoplasty (combined approach tympanoplasty)1,2  has anatomic constraints for clearance of the disease from the anterior attic and sinus tympani leading to high recidivism. In modified intact canal wall technique, the posterior bony rim is drilled under direct vision and facial recess opened till the base of processus pyramidalis bridging the sinus tympani and posterior sinus tympani into direct vision.

**Materials and methods:** We report our experience in healing and hearing in 50 cases with special reference to degree of hearing loss, ossicular status, type of disease (cholesteatoma or granulations) and post-operative hearing gain.

**Results:** All subjects of CSOM attico-antral type with granulation and cholesteatoma will undergo modified intact canal wall mastoidectomy. All the patients had an intact eardrum except three with a small, central hole, which had been seen since the early and late post-operative period. There was no sign of residual or recurrent cholesteatoma. Reduction in air bone gap was recorded during the post-operative period. Pre-operative air-bone gap was 33.85 dB which was decreased to 23.4 dB and 22.1 dB post-operatively at 3rd month and 6th months respectively.

**Conclusion:** The modified intact canal wall technique was found to result in complete and safe removal of disease from the middle ear and provided a durable and resistant reconstruction of the middle ear as a single stage procedure. This technique also resulted in significantly improved hearing outcomes in majority of the patients when compared to various other ICW techniques.

**Keywords:** Modified intact canal wall mastoidectomy , Closed