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	FORPREVENTION OF RETRACTION POCKET RECURRENCE METHODS FOR PREVENTION OF RECURRENT CHOLESTEATOMA CWU, CWD - RECONSTRUCTION OR OBLITERATION?; EVALUATION OF MIDDLE EAR PNEUMATIZATION AFTER PLANNED TWO-STAGED TYMPANOPLASTY FOR CHOLESTEATOMA: ITS CORRELATIONS WITH HEARINGRESULTS AND RECURRENCE RATES; HOW TO DEAL WITH CHOLESTEATOMA IN A DEVELOPING COUNTRY; FACIAL-NERVE TUMOR COMBINED WITH CHOLESTEATOMA; A PROPOSAL ON THE CLASSIFICATION SYSTEM OF AURALCHOLESTEATOMA IN KOREA; ADVOCATING THE USE OF THE TERM EOSINOPHILIC OTITIS MEDIA (EOM); EOSINOPHILIC RHINOSINUSITIS AND MANAGEMENT ON-DEMAND SURGICAL TECHNIQUE FOR CHOLESTEATOMA: ATTIC EXPOSITION ANTRUM EXCLUSION; USE OF CARTILAGE IN TYMPANOPLASTY; TREATMENT OF CHOLESTEATOMA- INDUCED LABYRINTHINE FISTULA; EFFICACY OF 3D FLAIR MRI FINDINGS IN EVALUATING CHOLESTEATOMA WITH LABYRINTHINE FISTULAE; STAPES SURGERY AND COCHLEAR IMPLANT SURGERY FOR SEVERE ORTOSCLEROSIS; TREATMENT OF SEVERE OTOSCLEROSIS: COCHLEAR IMPLANTATION, STAPEDOTOMY, AND OTHER OPTIONS; BILATERAL CONGENITAL AURAL ATRESIA: SURGICALRECONSTRUCTION VS. BAHA IMPLANTATION FACIAL PARALYSIS IN CHRONIC OTITIS MEDIA FACTORS INFLUENCING HEARING AFTER TYPE-III TYMPANOPLASTY USING COLUMELLA; OUTCOME OF RADICAL SURGERY AND POST-OPERATIVE RADIOTHERAPY FOR SQUAMOUS CARCINOMA OF THE TEMPORAL BONE; SURGICAL MANAGEMENT OF T1 AND T2 LESIONS WITH OUTCOMES; CONGENITAL CHOLESTEATOMA: RADIOLOGIC EVALUATION AND PERSONAL EXPERIENCE; SURGICAL MANAGEMENT OF PETROUS APEX CHOLESTEATOMA: COR EXPERIENCE OF 15 CASES; CONGENITAL CHOLESTEATOMA: OUR EXPERIENCE OF 15 CASES; THE INFLUENCE OF MIDDLE EAR INFECTIONS ON CHARACTERISTICS OF CONGENITA
Sommario/riassunto	Preface It was indeed a great pleasure and honor for me to have hosted the 9th International Conference on Cholesteatoma and Ear Surgery in Nagasaki, Japan. There were 558 participants; four full-day programs provided them with rich scientific programs including six keynote lectures, seven symposia, 26 panel discussions, 12 mini lectures on recent topics, 23 instruction courses, two live cadaver temporal-bone dissections, three sponsored sessions, three other sessions, and three days of temporal-bone dissection courses. I would like to take this opportunity to express my greatest gratitude to a