1. Record Nr. UNINA9910813406403321 Cholesteatoma and ear surgery: an update / / edited by Haruo **Titolo** Takahashi Pubbl/distr/stampa Amsterdam:,: Kugler Publications,, 2013 **ISBN** 90-6299-861-5 Descrizione fisica 1 online resource (508 p.) Altri autori (Persone) TakahashiHaruo Disciplina 617.8 617.84 Soggetti Cholesteatoma Ear - Surgery Lingua di pubblicazione Inglese **Formato** Materiale a stampa Livello bibliografico Monografia "Proceedings of the 9th International Conference on Cholesteatoma and Note generali Ear Surgery. June 3-7, 2012, Nagasaki, Japan." Nota di bibliografia Includes bibliographical references and index. Nota di contenuto Table of Contents; PREFACE; KEYNOTE LECTURES; PREVENTIVE MEASURES AGAINST CHOLESTEATOMA RECURRENCE IN CANAL-WALL-UP TYMPANOPLASTY: STAGING THE OPERATION AND CHOICE OF MASTOID OBLITERATION; MANAGEMENT STRATEGY FOR CHRONIC OTITIS MEDIA WITH CHOLESTEATOMA IN 2012; SYMPOSIA; EPIDEMIOLOGICAL STUDY ON CHOLESTEATOMA IN FUKUOKACITY TO REVEAL THE PATHOGENESIS OF CHOLESTEATOMA; THE ROLE OF THE MASTOID IN MIDDLE EAR PRESSURE REGULATION; MIDDLE EAR PRESSURE NEURAL FEEDBACK CONTROL; EVALUATION OF ENDOLYMPHATIC HYDROPS ON MAGNETICRESONANCE IMAGING IN PATIENTS WITH OTOSCLEROSIS CHOLESTEATOMA GROWTH AND PROLIFERATION: EXPRESSION OF HGF

(HEPATOCYTE GROWTH FACTOR) AND ITS HIGH-AFFINITY RECEPTOR C-METREGULATING OSTEOCLASTS FOR THE MAINTENANCE OF AUDITORY OSSICULAR MORPHOLOGY, THE MIDDLE EAR ANDHEARING; SURGICAL TREATMENTS FOR PATULOUS EUSTACHIAN TUBE:AUTOLOGOUS FAT GRAFTING AND ARTIFICIAL EUSTACHIANTUBE; LONG-TERM EUSTACHIAN TUBE DYSFUNCTION IN

POSTRADIOTHERAPYNASOPHARYNGEAL CARCINOMA PATIENTS; PANEL DISCUSSIONS; TYMPANOPLASTY WITH SOFT POSTERIOR MEATAL WALLRECONSTRUCTION: CHANGING THE WAY OF THINKING

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 OTITIS MEDIA INPATIENTS WITH ASTHMA - FOCUS
ON EOSINOPHILIC NASALPOLYPOSIS
FROM RETRACTION POCKETS INTO EARLY-STAGE CHOLESTEATOMA:

FROM RETRACTION POCKETS INTO EARLY-STAGE CHOLESTEATOMA: PATHOGENESIS 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: OUR EXPERIENCE OF 15 CASES; CONGENITAL CHOLESTEATOMA OF THE MIDDLE EAR: A REPORT OF 54 CASES; THE INFLUENCE OF MIDDLE EAR INFECTIONS ON CHARACTERISTICS OF CONGENITAL CHOLESTEATOMA; MINI LECTURES CONSERVATIVE TREATMENT OF CHOLESTEATOMA BY 5-FUOINTMENT

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