

including brainstem-evoked response audiometry, otoacoustic emissions, electroencephalogram, a complete clinical-psychological evaluation, and radiological assessment including HRCT temporal bone. All these patients had undergone a hearing aid trial with no significant benefit. Hearing improvement and patient response to speech therapy was noted in the postoperative period.

**Discussion** Veria technique also known as Transcanal technique, which can also be called as the minimally invasive technique for cochlear implant is a nonmastoidectomy technique done through endaural route for choleostomy with transcanal tunnel drilled in posterior canal wall using a specially designed perforator to make the tunnel in the posterior canal wall. Conventional methods have been effective as well but are more time consuming but are more prone to complications in patients with small facial recess and cochlear malformations and cochlear rotation. Veria technique can be performed in infants who have not yet developed mastoid completely. This technique can be used in cases of cochlear malformations and rotations with no damage to facial nerve.

**Conclusion** In the six cases operated, Veria technique prove to be a simple, safe, and effective method of cochlear implantation with postoperative speech therapy playing a crucial role.

#### **A0034: Comparison of Different Vascularized Tympanomeatal Flaps Used in Tympanoplasty**

Gopika Talwar, Manish Munjal,<sup>1,2</sup> Hemant Chopra<sup>1,2</sup>

<sup>1</sup>Department of ENT, Dayanand Medical College and Hospital, Ludhiana, Punjab, India

<sup>2</sup>Baba Farid University of Health Sciences, Faridkot, Punjab, India

This will be a retrospective and prospective study of tympanoplasty where different vascular flaps of the ear canal will be utilized. The advantage of different tympanomeatal flaps in dry and self-cleaning ear with widest possible canal, as well as amplification obtain shall be studied.

In this study, patients with CSOM shall be selected and tympanoplasty surgery shall be performed. Patients will be followed up for 3 months for any complications.

#### **A0035: Surgical Management of Menière's Disease: Our Experience**

Harikrishan B.

**Introduction** Menière's disease, even though is a distressing condition, responds well to medical management. In patients with Menière's disease, refractory to intratympanic gentamicin and management with surgical options need to be assessed. Here, we are sharing our experience of surgical management of Menière's disease.

**Case Presentation** Patients, with Menière's disease, who are refractory to intratympanic gentamicin therapy were subjected to either endolymphatic sac decompression or vestibular neurectomy. During the past 10 years, we had around four to five patients per month with Menière's disease. All were managed conservatively. Out of these, six

patients were refractory to intratympanic gentamicin therapy. Among them, four patients underwent endolymphatic sac decompression. Complications encountered in one patient were hearing loss and CSF leak. Another patient developed vertigo after 7 years, who was conservatively managed. Two patients underwent vestibular neurectomy, of which one patient had wound infection and meningitis which was managed medically. All patients are on regular follow-up.

**Discussion** Surgical modalities like endolymphatic sac decompression, vestibular neurectomy and labyrinthectomy, definitely have a key role in management of refractory cases of Menière's disease.

**Conclusion** Although intratympanic gentamicin has revolutionized the treatment of Menière's disease, there are still refractory cases which can be managed with surgery efficiently.

#### **A0036: Screening of Hearing Impairment in High-Risk Neonates with the Use of OAE and BERA**

Latha Naik

**Introduction** WHO defines disabling hearing loss as: "hearing loss greater than 40 dB in the better hearing ear in adults (15 years or older) and greater than 30 dB in the better hearing ear in children (0 to 14 years)". Any problem with hearing could mean a severe impairment in language learning and speech formation abilities. Failure to detect and effectively manage hearing impairment in the first 6 months of life has been associated with substantial and irreversible deficits in speech, linguistic, and cognitive development, which can result in poor educational and vocational attainment in later life. The prevalence of congenital hearing loss has been reported to be 1 to 6 per 1,000 live births by American Speech Language Hearing Association.

**Aims and Objectives** Screening of hearing impairment in high-risk neonates with the use of OAE and BERA. The study was focused to identify children with profound SNHL in high-risk neonates. For the study babies admitted to NICU during the study period were screened through a three-stage screening process.

**Materials and Methods** The study was done at HBTMC and Dr. R. N. Cooper Municipal General Hospital, Vile Parle (west), Mumbai-56. The study population comprised all the high-risk babies born in HBTMC and Dr. R.N.C.H and admitted to NICU during the study period which qualified the inclusion and exclusion criteria mentioned in following sections. This was a prospective observational study.

**Methodology** Screening was done for neonates by DPOAE within 72 hours of NICU admission (OAE-1). Babies referred by OAE-1 were instructed to come back within 28 days of birth for repeat DPOAE test (OAE-2). Babies referred by OAE-2 were asked to come back after further 2 months for BERA.

**Conclusion** OAE and BERA are used globally for screening of newborn for hearing disability. This study found prevalence of profound SNHL as 5 in 410, which means 12.20 (or 12 on rounding off to nearest digit) per 1,000. This is much higher compared with prevalence of 1 to 6 per thousand live births among normal babies.