Subannular ventilation tubes. Results in 121 consecutive cases

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1.1 Background

- Duration of conventional TM tubes
 - Donaldson tubes 7-15 months
 - T-tubes up to 38 months
- Risk of permanent perforations
 - Donaldson up to 2 %, but increasing for repeated VT's
 - T-tubes up to 25 %
- Improvements
 - longer life-time of VT's
 - lower risks of TM perforations



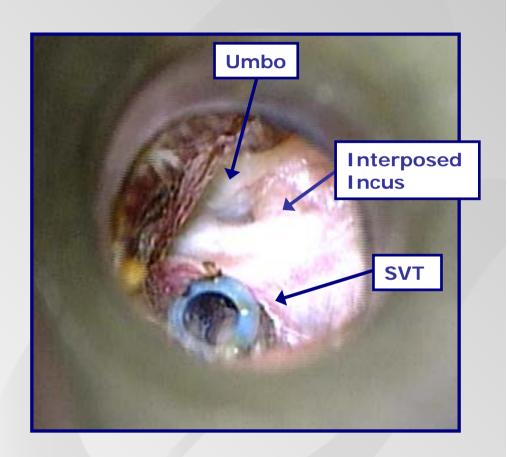
1.2 Background - Objective

- Description of long-term ME ventilation with subannular ventilation tubes (SVT) – Per-Lee (60° angle)
 - surgical technique
 - in situ lifetime
 - hearing improvement, check-ups, complications



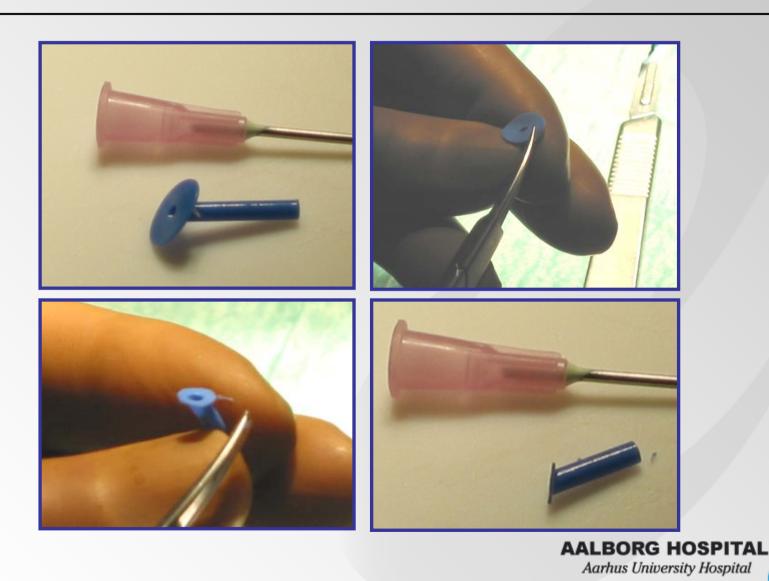
2.1 Methods – procedure

- Mobilisation of the tympano-meatal flap
- Drilling of a groove postero-inferiorly
- Fitting of the subannular tube
- Insertion of the tube and replacement of the flap
- Additional reconstructions (myringo-, tympanoplasty II, III)





2.2 Methods – fitting the SVT



2.3 Methods and Materials

- Retrospective follow-up in a series of 121 cases (min 1 year follow-up)
- Data recorded
 - Life-time
 - audiometry before and after the tube placement
 - number of out-patient visits
 - number of early complications
 - Otorrhoea, granulation, crusts, tube plugging, use of ear drops
 - late complications (after tube extrusion)
 - persisting TM perforation

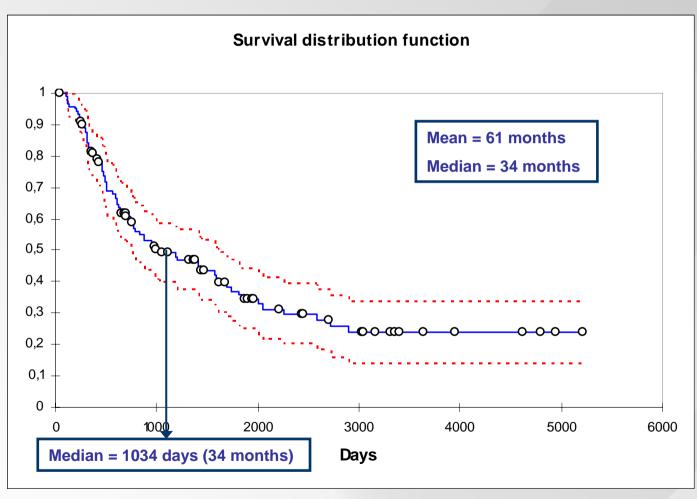


3.1 Results

- 121 tubes in 93 patients
- Mean age 19 years (range 4 to 70)
- Mean in situ lifetime = 61 months (overall)
 - range = 1.5 to 170; SD = 6
 - Kaplan-Meier plot
- Mean hearing improvement = 17 dB (PTA)
- Mean out-patient controls = 6 per year

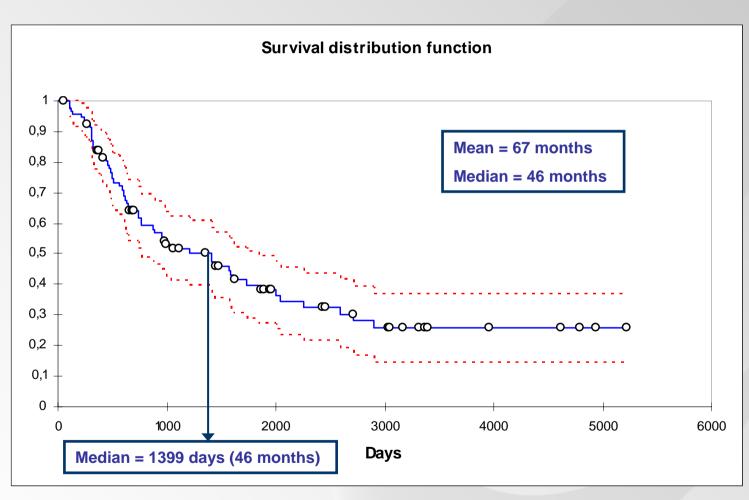


3.2 Results – Kaplan-Meier (all data)



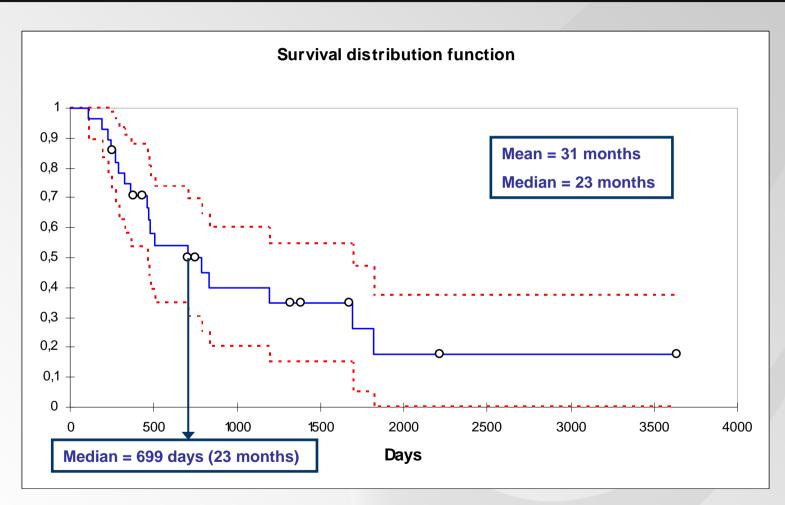


3.3 Results – Kaplan-Meier (type I)





3.4 Results – Kaplan-Meier (type II+III)





3.5 Life time related to surgery (months)

| | All data | Type I | Type II or III |
|--------|----------|--------|----------------|
| Mean | 61 | 67 | 31 |
| SD | 6 | 7 | 5 |
| Median | 34 | 46 | 23 |
| 25 % | 15 | 16 | 11 |
| 75 % | 95 | (-) | 60 |
| N | 121 | 93 | 28 |



3.6 Results – early complications

| Crusts | 86 % |
|--------------|------|
| Plugging | 49 % |
| Otorrhoea | 39 % |
| Granulations | 33 % |
| Ear drops | 62 % |



3.7 Results – late complications

Persisting 9 % perforation



4. Discussion – previous studies

| Type of VT | Location | Life time | Perforation | Authors | |
|------------|------------|-------------|-------------|----------------------------|--|
| Armstrong | | | | Goode et al, 1996 | |
| Shepard | TM | 7-15 months | 0.5-2 % | Hampal et al, 1991 | |
| Donaldson | | | | Levine et al, 1994 | |
| T-tube | TM | 31.5 months | 19 % | Van Heerbek et al, 2002 | |
| T-tube | | 38 months | 24 % | | |
| | TM | | | Strachan et al, 1996 | |
| Shepard | | 11 months | 2 % | | |
| Short-term | | | 2.2 % | Metaanalysis by | |
| | TM | ? | | Kay et al, 2001 | |
| Long-term | | | 16.6 % | (134 articles) | |
| Duravent | TM | 17 months | 4 % | Bonvin et al, 2002 | |
| T-tube | Subannular | 22 months | 8 % | Cloutier et al, 2005 | |
| Per-Lee | Subannular | 61 months | 9 % | Jensen et al., 2007 | |



5. Conclusions

- Longest in situ life time among all tubes 5 y's
 - possibly with a fast segregation at first
- Improvement of hearing matching other studies
- Frequent out-patient controls for prevention of early complications and maintenance of function
- Low risk of persisting TM perforation compared with other long term tubes
- Next follow-up study describing the long term results after extrusion or removal of SVT

