ABSTRACTS

Conclusion: WHODAS 2.0 may not be sensitive enough in detecting quality of life change in hearing-related disability in our Singapore population.

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ID: IP065

B-Cell Lymphoma of the Temporal bone: A rare presentation

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Learning Objectives: To highlight the need to be vigilant for unusual diagnoses that may mimic common otological conditions.

Introduction: To report a case of temporal bone B cell lymphoma.

Methods: Review of inpatient case notes of patient with atypical presentation of lymphoma.

Results: Temporal bone involvement by malignancies, primary or secondary, is rare. Diagnosis is frequently delayed as the symptoms mimic more common otological conditions like otitis external or media. Involvement of cranial nerves or cochleovestibular system may occur in advanced cases. More commonly, the bone involvement is due to direct extension of locally invasive squamous or adenocarcinomas of ear. Primary B cell bone lymphomas are also a rare entity and the presentation is usually with pain, swelling or fracture of involved bones. Mastoiditis due to destruction of underlying temporal bone by malignant lymphoma has only been reported in about 20 cases in the literature. We describe a case of primary B cell lymphoma presenting with radiological evidence of mastoiditis, skull base osteomyelitis and sigmoid sinus thrombosis. Patient was initially treated with broad-spectrum antimicrobials and it was not until development of facial palsy that a decision of mastoid exploration was made. Histopathological examination confirmed infiltration of temporal bone by malignant B cells. Staging studies including a diagnostic bone marrow biopsy diagnosed the patient with stage IV primary diffuse large B cell lymphoma of the bone. Treatment was initiated with multi-agent chemotherapy with good results.

Conclusion: Atypical presentation of otological signs and symptoms refractory to medical management requires a thorough evaluation and consideration of uncommon differentials. A high index of suspicion towards temporal bone malignancies may be helpful in timely diagnosis.

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Treatment and Outcome of Otitis Media With Effusion in Cleft Palate Patients Presenting Author: Yingmin Hoe

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Learning Objectives: This study aims to investigate the impact of OME in children with cleft palate.

Objective: Otitis media with effusion (OME) is common in children with cleft palate due to Eustachian tube dysfunction. This study aims to investigate the impact of OME in children with cleft palate.

Study Design: Retrospective case series.

Methods: The case records of patients with cleft palate were analyzed for: type of cleft, age at which repair of cleft palate was performed, age of presentation to the otolaryngologist, age at which Myringotomy and Tympanostomy (M&T) was done, total number of M&Ts performed and associated congenital syndromes.

Results: **M&Ts-** Out of 600 cleft palate and lip patients, 204 required M&T. 26.5% required ≥ 3 M&T and 12.3% required ≥ 4 M&T. 86.8% of the patients presented early.

Syndromic patients- 15.7% were syndromic with Pierre Robin being the most common syndrome. They did not require more surgery (p=0.713) nor presented to an Otolaryngologist earlier (p=0.281) than their non-syndromic counterparts.

Type of cleft- 22.1% had unilateral cleft lip and palate, 32.8% had bilateral cleft lip and palate, 40.7% had posterior cleft palate and 4.4% had submucous cleft palate. Patients with bilateral cleft lip and palate required more M&Ts than those with posterior and submucous clefts (p=0.16).

Conclusion: OME in cleft palate patients should be actively identified and addressed early, before the development of significant disability. A proportion of patients will have recurrent OME and caregivers should be aware of the need for multiple procedures and long term follow up. Opportunities for combined surgery should be pursued.

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Measurement of the Correlation of Implant Stability Quotient with Abutment Length for a Bone Anchored Hearing Implant System

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Learning Objectives: Basic physical principles for the correlation between abutment length and Implant Stability Quotient (ISQ) How these principles translates to a