

The Effect of Intravelar Veloplasty under Magnification (Sommerlad's Technique) without Tympanostomy on Middle Ear Effusion in Cleft Palate Patients

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Abstract

Objective: Different surgical techniques and management approaches has been introduced to manage the cleft palate (CP) and its complications such as otitis media with effusion (OME) and auditory problems. The optimal method, as well as the ideal time for palatoplasty and ventilation tube insertion, are the subject of controversy in the literature. We aimed to evaluate The Effect of Intervelar Veloplasty under Magnification (Sommerlad's Technique) without Tympanostomy on Middle Ear Effusion in Cleft Palate Patients.

Methods: non-syndromic cleft palate patients from birth to 24 months who needed primary palatoplasty from April 2017 to 2019 were enrolled in this study. intravelar veloplasty (IVVP) surgery under magnification has been done by the same surgeon. Likewise, Otoscopy, Auditory Brainstem Response (ABR), and tympanometry were performed for all the patients before and 6 months after palatoplasty.

Results: Tympanograms were classified into 2 categories according to shape and middle ear pressure and it was done in 42 children (84 ears). Type B curve was seen in 40 cases (80 ears) before surgery which reduced significantly ($P<0.005$) to 12 cases in the left ear and 14 cases in the right ear after surgery. So, after surgery, 70% of the tympanogram of left ears and 66.6 % of tympanogram of Rt ears were in normal condition (type A tympanometry). ABR was done for 43 patients (86 ears) before surgery and 6 months after palatoplasty. Data were shown 40 of the patients had mild to moderate hearing loss before surgery which reduced significantly ($P<.005$) to 9 in the left ear and 11 in the right ear after palatoplasty. So, after surgery, 79% of ABR of left ears and 73.8 % of ABR of right ears were in normal status (normal hearing threshold).

Conclusion: Intervelar veloplasty under magnification (Sommerlad's technique) significantly improved the middle ear effusion without the need for tympanostomy tube insertion.

Received Date: May 05, 2022 Accepted Date: May 15, 2022 Published Date: May 30, 2022

Biography

Maryam Salimi M.D. Graduated Medical Doctor with a demonstrated history of working in hospitals of Iran as an emergency doctor. Skilled in Clinical Research, Data gathering and analysis, Advanced Trauma Life Support (ATLS), Emergency Medicine, Minimally Invasive Procedures, and Teamwork. Currently, working as a senior research assistant at the Orthopaedic Research Center of Shiraz University of medical sciences.

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