DOKS 48. årsmøde, Hesselet, 11.+12. september 2025

Program og abstracts

Torsdag den 11. september		
12.00-13.00	**Ankomst og stående frokost i udstillingssalen**	
13.00-13.30	Bjarki Djurhuus Formand	Velkomst og udstiller-runde
13.30-14.15	Ad Snik	Bone-conduction thresholds: virtual air-bone gaps, virtual sensorineural components, virtual mixed hearing loss
14.15-15.15	**Pause og udstilling**	
15.15-16.00	Jesper Hvass Schmidt	De nyeste kriterier for cochlear implantation
16.00-16.45	**Pause og udstilling**	
16.45-18.00	**Generalforsamling** Dagsorden: 1. Valg af dirigent, 2. Formanden aflægger beretning, 3. Kassereren aflægger revideret regnskab og kontingent for næste år vedtages 4. Valg af bestyrelse i henhold til §6 5. Repræsentanter for Selskabets forskellige råd og udvalg aflægger beretning 6. Opstilling af kandidater og valg af råd og udvalg, 7. Valg af revisor og revisorsuppleant i henhold til §14 8. Eventuelt.	
19.00	**Pre-dinner drinks**	
19.30	**Middag**	

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Fredag den 12. september

07.00-08.30	**Morgenmad**	
08.30-09.15	Ad Snik	How are we doing? Published papers that violate audiological principles
09.15-10.15	**Pause og udstilling – husk at aflevere nøglen**	
10.15-11.00	Michael Bille	Udredning, indikation og behandling af børn med cochlear implantation
11.00-11.15	Simone Schuler	Øregangsatresi
11.15-11.30	Simon Fuglsang	Endoskopisk ørekirurgi
11.30-11.45	Søren Foghsgaard	Ototoxicitet ved chlorhexidinbrug
11.45-12.00	**Pause og udstilling**	
12.00-12.15	Rebecca A. Persson	Tubadilatation - langtidsresultater
12.15-12.25	Simon Fuglsang	Rejselegat
12.25-12.35	Jesper Roed	Studietur
12.35-13.00	Bjarki Djurhuus	Afrunding med quiz-præmieoverrækkelse og forslag til næste års tema
13.00	**Afslutning og sandwich to-go**	

Results of Surgery for External Ear Canal Atresia with a Focus on Recurrence Rate and Risk Factors

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Abstract

Background: Acquired atresia of the external ear canal is a relatively uncommon disorder characterized by the formation of a fibrous plug blocking the medial part of the external ear canal. Patients commonly present with conductive hearing loss, otorrhea, and possibly clot-feeling. Traditionally, the etiology has been divided into postinflammatory, posttraumatic, neoplastic, and iatrogenic but it remains to an extent elusive. Management of acquired atresia in its final stage remains surgical, however a notable recurrence rate is seen. This study aims to investigate the results of surgical treatment of primary cases of acquired atresia with a focus on recurrent disease and risk factors.

Method: This study used the most recent registration of the diagnosis code DQ161 (atresia of the external ear canal) or operation code KDBD20 (canaloplasty) in the period 2016 to 2023, with the oldest record of primary atresia dating back to 1996. 195 patient records were obtained from Aalborg University Hospital in the North Jutland Region. 24 patients met the inclusion criteria. A database was developed in REDCap and data was analyzed using STATA 2017.

Results: This study found a mean follow-up time of 19 months and several improvements in both clinical, audiological, and otomicroscopic results. Significant improvements were found in otorrhea, subjective hearing, pruritus, clot feeling, apparent anatomical landmarks, and narrowing of the ear canal post-surgery. Furthermore, improvements in air-bone-gaps at 500 Hz,1000 Hz, and 2000 Hz were found post-surgery. However, 29.2% of the patients experienced a recurrence of atresia with a median time of recurrence of 100 months (»8 years). No significant correlation could be found between risk factors and recurrence of atresia.

Conclusion: The surgical management of acquired atresia led to clinical, audiological, and otomicroscopic improvements at three- and 12-month post-surgery, although still with a longer term recurrence rate of 29.2%. No significant correlations between risk factors and recurrence of atresia were found

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Endoscopic Ear Surgery - our early endeavors

Simon Fuglsang
Afdelinglæge
Aalborg Universitets Hospital.

Endoscopic ear surgery (EES) represents a significant advancement in otologic procedures, leveraging minimally invasive techniques to enhance surgical outcomes and patient recovery. This presentation will provide an overview of our initial experiences with EES, emphasizing its potential advantages, the challenges faced during its implementation, and the adaptation of these procedures at our department.
The endoscopic approach allows for improved visualization of middle ear structures, facilitating precise interventions while minimizing trauma to surrounding tissues. In trained hands this technique has the potential to enhance recovery times and reduce postoperative complications. Main challenges encountered include mastering the ergonomic use of the instruments and optimizing visualization. Also, we found patient selection to be crucial of during our early endeavors.
We will discuss the indications for EES, including conditions such as tympanic membrane perforations and chronic otitis media with cholesteatom.
Ultimately, our experience with endoscopic ear surgery has shown promising prospects.

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