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**Initial experience with titanium MVP clip prosthesis**

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**Introduction:** After introduction of stapes surgery malleovestibulopexy (MVP) was the natural extension of this procedure. Although the hearing results of stapes surgery were usually excellent, the hearing results of MVP were quite variable. This probably resulted from poor understanding of middle ear mechanics and usage of the same prosthesis as used for stapes surgery. Modification of prosthesis design and technique has resulted in improved hearing outcomes after this procedure. **Purpose:** To evaluate the hearing outcomes of malleovestibulopexy using titanium MVP clip prosthesis which has recently been introduced.

**Material and Methods:** Six patients undergoing exploratory tympanotomy for congenital conductive hearing loss or failed stapes surgery and requiring malleovestibulopexy are included in this study. Extended tympanomeatal flap was employed for exposure of middle ear and upper malleus handle. The prosthesis was introduced and the clip was slipped on malleus handle. Minor adjustments were required to attain the perpendicularity of the shaft and shaft insertion in the vestibule. Drilling of handle with diamond burr was required in half the cases to better adapt the clip on malleus handle.

**Results:** The mean of air-bone gap averaged over speech frequencies was within 20 dB in all six cases and within 10 dB in four cases. No deterioration of bone conduction threshold was observed.

**Conclusions:** The hearing results of malleovestibulopexy using newly introduced titanium MVP clip prosthesis have been encouraging and almost equal results of stapes surgery. The improved results seem to be consequent to the unique design of the prosthesis which factors in two key variables of this procedure viz anchorage of prosthesis on malleus handle and perpendicularity of the prosthesis shaft in relation to stapes footplate.