Research objectives. To study a group of patients with a negative result of balloon dilatation of the auditory tube who have chronic exudative otitis media and to identify unfavorable factors affecting the outcome of balloon dilatation.

Materials and methods. The study included 37 patients, mean age of 42.7±2.01 (M±m), 12 men (32.4%) and 25 women (67.6%). After conservative the rapy all patients had obstructive auditory tube dysfunction without positive dynamics. A comparative analysis of ETDQ-7 questionnaire data before treatment, the results of pathomorphological examination of the exudate and the mucosa of the medial wall of the tympanic cavity, computed tomography of the auditory tube, and the autonomic status of the patient in the subgroups with a positive (n=29) and negative (n=8) result have been performed; the factors contributing to the unfavorable outcome of treatment have been determined.

Results. The unfavorable factors were revealed:

- the score on the ETDQ – 7 scale more than 4 ($p<0.05$);
- exacerbation of general chronic somatic pathology (bronchial asthma, reflux disease) and diseases of the upper respiratory tract in the early postoperative period;
- the diameter of the pretympanic part of the auditory tube is less than 5 mm according to computed tomography ($p<0.05$);
- the presence of mucous exudate with fibroplastic changes in the mucous membrane of the tympanic cavity;
- imbalance of the autonomic status in the patient-vagotonia (LF/HF< 2), ($p<0.05$).

There were no significant differences in age and sex in the subgroups ($p>0.05$).

Conclusion. The factors established in the course of studying will afford to determining the treatment method of obstructive auditory tube dysfunction for a patient with exudative otitis media and to predict the outcome of balloon dilation.

OUTCOMES OF NASAL RECONSTRUCTION USING CARTILAGE ALLOGRAFTS

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Introduction. Rib cartilage is a standard scaffold material for nasal reconstruction (NR). Material can be obtained both from the patient and from a cadaver donor. Analysis of outcomes of NR using allogeneic cartilage is of interest for comparison with alternative materials.

Research objectives. Aim was to analyze the immediate and long-term results of NR using allogeneic cartilage.

Material and methods. The results of 58 NRwere evaluated. The rate of postoperative complications, cosmetic results (CR) and functional results (FR) according to 10-pointed visual analogue scale (VAS) were analyzed. Evaluation of CR and FR was performed 6 months after completion of NR.

Results. In our material, loss of one nasal subunit was observed in 7 cases, two subunits – in 32 cases, three or more subunits – in 19 cases. Defect of outer skin only was presented in 20 patients; full-thickness defect was presented in 38 patients. Skin restoration was performed using a forehead flap (32 cases), medial cheek flaps (22 cases) and nasal dorsum flaps (4 cases). Fresh frozen allogeneic rib cartilage was used for support grafting.

Postoperative complications developed in 6 patients (10.3%) including flap necrosis (4 cases), bleeding (1 case) andcartilage graft extrusion (1 case). It was the single graft related complication in our material (1.7%). The average CRscore was 8.4±1.2 pointsby VAS. The optimal result (9 or 10 points) was in 28 patients (48.3%). Suboptimal CR (7 or 8 points) was observed in 24 patients (41.4%). Unacceptable CR (6 points or less) was obtained in 6 patients (10.3%) due to significant displacement or wedge deformity of nasal alar or a through defect of the nasal dorsum. The average score of the FR was 9.0±1.2 points according to VAS. Optimal result was achieved in 47 patients (81.0%). SuboptimalFR was registered in 6 patients. Unacceptable FR in 5 patients were caused by pronounced impairment of nasal breathing or forming of mucosal crusts.

Conclusion. The rate of graft related complicationswas 1.7%after NR using cartilage allograft. The average CR was 8.4±1.2 pointsby the VAS. Optimal or suboptimal CR was achieved in 89.7% of patients. The average FR was 9.0±1.2 points. Optimal or suboptimal FR was achieved in 91.4% of patients.

SUTURING TECHNIQUES AS THE OPTION FOR SURGICAL TREATMENT IN PATIENTS WITH SLEEP APNEA

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Introduction. Surgical treatment of oropharyngeal obstruction, based on suturing methods, is characterized by little surgical trauma and quite high effectiveness, which leads to decrease of apnea events and daytime sleepiness level with sleep quality improvement in patients with OSAS. The low risk of complications after low-traumatic operations enables simultaneous surgical correction in other obstruction sites.