Surgery in Cholesteatoma: Ten years Follow-up

Dear Editor,

I am very glad to find out that an otologist reader has precisely read my article and wrote the letter. I hope to continue this scientific challenge in future, however I would like to draw the readers' attention to the following answers:

1- In paragraph two, the title of the table is correct but "data analysis" could also be added and the correct digits in the mentioned column are 0+26=26.

2- In paragraph three, the digits "16-81" in the table are misprint and as they have appeared in the text they should be "15-73". Also to find the sum of men with cholesteatoma the reader can look at the columns 3 and 4 in table 1.

3- Although the paragraph four points to a calculation error, but the content will not be changed after a correction.

4- Paragraph 5, if we mention hearing level for HL in the footnote of the table 2 the ambiguity will be resolved.

5- In paragraph 6, in contrast to the reference deliberated by the writer, many others believe that the ideal treatment for the cholesteatoma would be a one stage surgery. References 3, 4, 5, 6, and 7 in the article.

6- We (as many other people) have used Silastic to make aerated middle ear and prevent adhesions, although we don't routinely use it in these days.

7- Although some authors believe to stage 70% or more of the cholesteatoma subject as mentioned by the writer, some eminent otologists do not think so. References 6, 7, 9, 13, and 14 in the article.

Correspondence:
Mohammad Ajalloueyan MD,
Fellow in Neurotology
Department of Otolaryngology,
Baqiyatallah Hospital,
Baqiyatallah Medical Sciences University,
Tehran, Iran.
Tel/Fax: +98 21 22002393
Email: ajall@ajall.com