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