Past, Present and Future of Otology

H. Vijayendra

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Abstract Otology deals with hearing and balance and is an important aspect of the special senses of the human system. We are proud to be Otologists since we can restore the hearing of millions of people who have hard of hearing. In the past for several centuries, till the 1960s and 70s, Otology's development was like a flat curve. We have heard of several cases of brain abscess and neurological complications as a sequelae to CSOM. These events are declining.

Keywords Otologist · CSOM · Temporal bone anatomy · Implantable hearing aids · Cochlear implants

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Came the 1990s when there was mushrooming of activities in the field of Otology. Previously, a discharging ear since childhood used to continue till old age. Whereas now, with modern equipments, we hardly come across any post op discharging ear. Likewise, augmentation of hearing can also be achieved by operations like Stapedectomy and Tympanoplasty. This magic was possible due to the advent of microscope and microdrill. At this juncture, the

importance of Temporal bone anatomy has to be stressed. Without the accurate knowledge of the intricacies of this versatile bone one cannot master ear surgery. Hence, Temporal bone dissection is the alma mater to any Otologist. I do not want to dilate on this subject since many books have been written by renowned Otologists for the benefit of budding doctors. Watching Temporal bone dissection or ear surgery in a huge digital screen is just the beginning. A young Otologist would encounter innumerable difficulties while trying to enact what he saw on the screens. Hence, repeated temporal bone dissections and efforts to customise to binocular microscope and microdrill will ensure a good Otologist. Remember no two temporal bones are alike. Similarly each case in Otology will be different and challenging. To be an Otologist one should know on the table how to deal with innumerable temporal bone pathology in a vicinity of few millimeters. One of the main aim of National prevention of deafness programme should be focused on conductive hearing loss. Early detection of CSOM and Proper surgical management, early detection of glue ear and retracted Tympanic membrane with proper medication and minor surgeries like Myringotomy and Grommet insertion with primary treatment like adeno-tonsillectomy, definitely we can remarkably reduce the incidence of Cholesteatoma as it is practically followed very well in the western countries.

Future

Since surgically we have achieved almost cent per cent dry ear, our aim is to restore near normal hearing to the patient. Several techniques have been adopted in several centres and which is best debatable. However, our Otologists can ponder over the betterment of Ossiculoplasty so as to

H. Vijayendra (✉)
J.N. Medical College, K.L.E University,
Belgaum, Karnataka, India
e-mail: vijayentblr@gmail.com

improve hearing. The question of sensorineural loss is the greatest speed breaker in our advancement. At the moment, the answer is Cochlear implant and hearing aids for the rich who form a miniscule percentage in our country. The majority (poor) settle down with so-called neuro-stimulating drugs much to the benefit of the pharmaceutical industry. Hence we must ponder over a programme reachable to the masses like cataract surgery and ensure good hearing at affordable cost not forgetting the per capita income of a normal Indian. I feel implantable hearing aids can play a pivotal role in our above-mentioned dream. I put

forward this proposition to all the Otologists so that we can ensure better hearing results. Last but not the least, we should not forget the vestibular labyrinth which is the watchdog for vertigo. Why not we research on some better medicines to alleviate vertigo instead of depending on Cinnarizine and Betahistine? This is our loud thinking. There is no G.J. after advent of Ranitidine, there is a markable decline of Coronary artery Disease after CABG. Likewise, why not we look forward for some scientific upgradation to alleviate SNHL.