which can be intravenous, intratympanic, via the posterior tympanotomy and by direct instillation into cochleostomy.

Modifications in electrode design include change in its diameter, stiffness and length. The modifications are straight electrode with modiolus facing contacts, shorter, thinner, more delicate and atraumatic electrodes.^{6,7}

To conclude, preservation of residual hearing is possible in cochlear implantation surgery and can result in much better hearing and speech outcomes in pediatric cochlear implants.

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Reply

Dear Editor,

On behalf of the authors, I thank the readers for the deep interest and scholarly analysis of the article. In response to authors concern my reply as below:

There were various parameters selected by the authors prior to carrying out this study which has been outlined in the methodology. However preservation of the residual hearing as brought out by you is a very important aspect of the Cochlear Implantation surgery. We are indeed thankful to you for highlighting this aspect through your correspondence.

There are certain factors which are beyond the control of the surgeons like insertion of the electrodes and the resultant foreign body sensation which cannot be avoided and remains constant. The other surgical modifications as mentioned by you are the integral part of the surgical procedure like small cochleostomy, site of the cochleostomy, use of low speed (rpm) drill, prevention of excessive perilymph escape and slow careful electrode insertion. Being the routine steps of the standard surgical procedure these factors have remained constant for all the cases.

Use of perioperative steroids has still not been proved convincingly as a factor for residual hearing preservation and its usage varies from centre to centre. However it is an important point brought out in your observation.

The variations in the electrode designing as mentioned by you like the modiolus facing electrodes the various lengths and designs of the electrodes in the available implants are now improving the concept of atraumatic insertion and helps in residual hearing preservation.

Your contention that residual hearing preservation is possible in cochlear implantation surgery and can result in much better hearing and speech outcomes in paediatric cochlear implants is indeed well taken. In the modern day implantation these factors need to be emphasised.

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