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of Otolaryngology -  
Head and Neck Surgery



The Academy for  
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# IFHNOS

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## CE2.2

### Management of Eustachian Tube Obstruction in Adults

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The 3 factors that cause Eustachian tube obstruction are inflammation of the mucous membrane, uncoordinated movement of the muscles that open and close the tube and extrinsic factors. Treatment Modalities are conservative management to medical and surgical intervention. <sup>1</sup>

Conservative treatment includes watchful waiting and Valsalva maneuver, but only 1/3 of cases had spontaneous normalization in 6 weeks. Medical management uses good delivery of intranasal steroids and antihistamines on the Eustachian tube orifice. Surgery may be appropriate for patients with chronic ETD that disrupts daily activities. First is the use of tympanostomy tubes but may produce sequelae like TM perforations and chronic otitis media. Catheterization and irrigation of the ET was eventually abandoned because of ineffectiveness and scarring complications. <sup>2</sup>

Three coinciding advancements have enabled treatment of the relatively large number of patients with ETD

- 1) A new theory that the site of obstruction of Eustachian tube Dysfunction is the nasopharyngeal end, not the proximal bony end.
- 2) New endoscopic equipment for better visualization of ET and its problem
- 3) New tool for enlarging ET opening (initially lasers and microdebriders, now balloons). Eustachian tube ballooning can be done as an office procedure inserting

a specially designed catheter with a small balloon at the tip through the nose and into the ET, inflating it and then withdrawing it.<sup>3</sup> A two-year follow-up a 70% success rate and 15% recurrence rate.<sup>3</sup>

While surgical developments are great solutions in light of the fact that current medications don't suffice, we are ultimately hoping to have medications that can treat the Eustachian tube for dilatory dysfunction.

#### *References:*

1. Llewellyn, A. et al. Interventions for Adult Eustachian Tube Dysfunction: A Systematic Review. *Health Technol Assess* 2014; 18(46).
2. Rashid M. Rationale and feasibility of intranasal delivery of drugs to the Eustachian tube orifice. *Curr Allergy Asthma Rep.* 2012 Dec; 12(6) 541.
3. Huisman JML et al. Treatment of Eustachian Tube Dysfunction With Balloon Dilation: A Systematic Review. *The Laryngoscope* VC 2017 The American Laryngological, Rhinological and Otological Society, Inc.