

Correspondence

In Reply: Treatment for Acute Tympanic Membrane Perforation

Jun Ho Lee^{1,2} · Joong Seob Lee^{1,2} · Dong-Kyu Kim^{1,2} · Chan Hum Park^{1,2} · Hae Ran Lee³

¹Department of Otorhinolaryngology-Head and Neck Surgery, Hallym University Chuncheon Sacred Heart Hospital, Hallym University College of Medicine, Chuncheon; ²Nano-Bio Regenerative Medical Institute, Hallym University, Chuncheon; ³Department of Pediatrics, Hallym University Sacred Heart Hospital, Hallym University College of Medicine, Anyang, Korea

First of all, we would like to thank you for your interesting comments to our study. Our study was concerning to the application of synthetic bio-material patch. As your recommendation, natural healing rate of acute tympanic membrane perforation is very high [1,2], and moist environment of middle ear accelerate healing process [3,4]. In our study, the patient with small size perforation (under 25% of perforation) was 35% of silk patch group. The other patients had relative large perforation with margin's eversion or inversion. So, the confusion about natural hearing process of small perforation might be resolved. Additionally, we thought that the perforation pattern was more important than the perforation's size. Slit pattern's perforation was relatively better healing condition.

The trimming of perforation margin was argued in case of acute tympanic membrane perforation. In contrast to chronic tympanic membrane perforation, the removing process of epithelial and mucosal layer's contact inhibition (trimming) might not be necessary in the acute status. However, if the size of perforation did not enlarged by trimming, we thought that the trimming procedure was helpful in case of acute tympanic perforation even though some reports did not recommended the trimming [5].

Because we assured the advantage of synthetic biocompatible patch in this study, silk patch was tried in the other prospective cohort study: comparative analysis between silk patch and conventional perichondrial myringoplasty in chronic tympanic

membrane perforation [6]. With these two clinical reports [6,7], we carefully suggested that the silk patch has advantage effect on healing process of perforated tympanic membrane even though acute or chronic condition.

CONFLICT OF INTEREST

No potential conflict of interest relevant to this article was reported.

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• Corresponding author: **Chan Hum Park**
Department of Otorhinolaryngology-Head and Neck Surgery, Hallym University Chuncheon Sacred Heart Hospital, Hallym University College of Medicine, 77 Sakju-ro, Chuncheon 24253, Korea
Tel: +82-33-251-0503, Fax: +82-33-241-2909, E-mail: hlpch@paran.com

• Co-corresponding author: **Hae Ran Lee**
Department of Pediatrics, Hallym University Sacred Heart Hospital, Hallym University College of Medicine, 22 Gwanpyeong-ro 170beon-gil, Dongan-gu, Anyang 14068, Korea
Tel: +82-31-380-4106, Fax: +82-31-380-4107, E-mail: drran@hallym.or.kr

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