INTRODUCTION

Ventilation of the middle ear cavity is an important function of the Eustachian tube (ET). As the role of ET dysfunction in the pathogenesis of middle ear disorders was noted, interest in tubal influence in the treatment of these disorders increased. It is now widely accepted that Eustachian tube dysfunction contributes in the development and course of otitis media. Also, in the presence of chronic otitis media a high incidence of ET dysfunction is associated. The association of tubal dysfunction and chronic otitis media was mentioned by many investigators as **Miller (1965), Flisberg (1966) and Siedentop et al. (1968)** with a ratio varying between 58 to 76% of patients found to have Eustachian hypofunction.

A properly functioning ET is an integral part for a normally functioning middle ear and is thus an essential part for a successful myringoplasty.

An increasing interest has been paid to ET function (ETF) since the advances that were made in middle ear reconstructive surgery.

The preoperative impairment of ETF can spoil the effect of otherwise successful operation. **Holmquist (1968)** considered that a recorded ET hypofunction as a highly unfavourable prognostic sign in tympanoplasty.

Lee and Schucknecht (1971) found that hearing after the operation was better in patients with good tubal function. Ekvall (1970) found no difference between patients with preoperative good Eustachian tube function (ETF) and those with tubal dysfunction.

Very few comparative pre and postoperative study of tubal function are published, Andreasson and Harris (1978).

Many tests for ETF are known. Most of them are qualitative to indicate if the tube is patent or not. Among them are Politzer and Valsalva maneuvres as well as Toynbee's test. In 1963 Flisberg et al. described the aspiration deflation test which measures the active equilibrating capacity of the ET. The development of electroacoustic middle ear measurement device provided an important means by which ETF can be evaluated.

This study was carried out in order to find out to which extent preoperative ETF can correlate with results of myringoplasty. Also, to find out any change of ETF after closure of tympanic membrane perforation.