**Objectives:** Peripheral facial palsy (PFP) is a disorder of common neural causes that are still unknown. Other possible causes include vascular disorders, inflammatory and immunological factors, and possibly viral infections. According to the literature there is an association between the incidence of PFP and diabetes mellitus (DM), a disease which is known to cause neuropathies. The objective of this study is to evaluate the outcome of patients with concomitant DM and PFP, as well as to compare the evolution of these patients compared to patients without DM and PFP through clinical, laboratory, and electrophysiological tests.

**Methods:** An observational case-control study. Outpatient follow-up between 2011-2012 of 50 patients according to the presence or absence of PFP and DM that were divided into 4 groups and matched. All patients underwent the following tests: tearing (Schirmer’s test), tonal and speech audiometry, tympanometry with reflex of the stapedius muscle, Test Hilger, and glucose analysis.

**Results:** The rate of complete recovery considered grade I or II of the House-Brackman classification at the end of 6 months of follow-up showed that 58.4% of diabetic patients presented a good evolution in contrast to 80% of nondiabetics.

**Conclusions:** In our findings we concluded that diabetic patients had a slower recovery time and poor degree of facial paralysis when compared to nondiabetics.

**Fat Myringoplasty: Better Patient Selection for Better Results**

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**Objectives:** (1) Evaluate the outcome of fat myringoplasty in relation to the perforation size. (2) Compare the outcome in relation to 2 fat sources (ear lobule and abdominal wall).

**Methods:** This study was conducted between May 2012 and April 2013 in the ENT department, University of Alexandria, Egypt. It was carried out on 30 patients with tympanic membrane perforations <30% of its surface (20 patients with perforations equal or less than 2 mm and 10 patients with perforations exceeding 2 mm in diameter), and with a maximum air bone gap of 20 dB. There were 2 randomized groups. Group A: 15 patients who had myringoplasty with ear lobule fat. Group B: 15 patients operated on using abdominal wall fat. Patients were followed for 6 months postoperatively.

**Results:** Among the 20 patients with a perforation size ≤2 mm, 18 patients (90%) succeeded and 2 (10%) failed. Among the 10 patients with a perforation exceeding 2 mm, 5 patients (50%) succeeded and 5 (50%) failed. There was a significant statistical difference between perforation size and success rate. In group A, 12 patients (80%) had successful operations and 3 patients (20%) failed. In group B, 11 patients (73.3%) were successful and 4 patients (26.7%) failed. There were no statistically significant differences between the two groups.