



CALIFORNIA EAR INSTITUTE

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Dear Colleague

It has become standard practice in the early intervention for the congenital malformation Atresia – Microtia to evaluate young patients for potential surgical correction. Recent peer reviewed publications detail this protocol (Otolology & Neurotology 30:771-776, 2009). Multiple publications detail the value of early intervention for Speech and Language Development and cognitive function (see atresiarepair.com for more data).

In order to evaluate a child for this life improving intervention, it has become necessary to perform CT scans of the temporal bone at a much earlier age than previously. Scans at 2.5 years are recommended. In most situations, sedation is needed for a clear and crisp scan read. While the risk if radiation in today's scanners is much smaller than prior scans, we recommend every effort be made to get the scan needed in one attempt avoiding repeat scanning.

In some situations, Xoran scanners are available and offer an advantage of over a 90% reduction in radiation compared to first generation scanners. This technology also allows children to sit upright and avoid sedation in some instances (the scan takes 90 seconds and is performed like a panorex film). In others, a standard CT scanner is used with the patient in the supine or prone position with sedation and sometimes general anesthesia. Pediatric hospitals tend to be the best at this type scan as they perform them on a regular basis safely and efficiently.

Scan parameters are those used for standard temporal bone studies (1 mm cuts or less with bone windows, usually in a manipulable voxel format without contrast).

Your assistance in this process is greatly appreciated to determine the best treatment for our common patient.

With Kind Regards,

Dr Joseph Roberson
CEO, CEI Medical Group
Director, International Center for Atresia and Microtia Repair

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