Partial composite graft. A postero-inferior drum defect has been sealed with a composite disc. Child, at risk from tubal insufficiency that would cause a soft tissue graft to retract.
Posterior half pars tensa composite graft. Case of Stage II adhesive otitis (collapse with conductive loss, no effusion), at risk of cholesteatomatous change (Stage IV).

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Postero-superior composite grafting after removal of a limited pars tensa pattern cholesteatoma.
Postero-superior composite graft. Intact canal wall mastoidectomy case undertaken for an infiltrating pars tensa cholesteatoma.
Posterior pars tensa composite grafting. Prior severe Stage III adhesive otitis (Drum collapse, incus necrosis requiring ossiculoplasty.)
Limited composite grafting used to seal an attic defect. Attic pattern cholesteatoma managed by intact canal wall mastoidectomy and repair of the attic defect. A “Spanner” prosthesis is present deep to the malleus handle.
Attic and posterosuperior drum repair using composite grafts. Case of combined attic-pars tensa pattern cholesteatoma, ICW technique.
Total drum repair using a disc of cymba conchae composite, for extensive pars tensa cholesteatoma. A hydroxylapatite Oval-Top prosthesis is evident.
Total pars tensa composite graft. Case of chronic otitis media, managed with a graft that incorporated a slot at 12 o’clock to accommodate the handle of the malleus.
Total drum graft accommodating the malleus handle. If the latter is coated with cholesteatoma, it is prudent to remove the malleus and employ a total graft without the slot.
Cross-hatched tragal composite. Mastoidectomy cavity reconstruction case. The tragal graft curled after thinning, requiring weakening incisions to flatten the curve.
Total composite grafting Rt ear. A notch at 12 o’clock accommodates the malleus handle superiorly.