Introduction:
Ossiculoplasty may be defined as restoring the hearing mechanism between tympanic membrane and the oval window by re-establishing a functional ossicular chain. It is indicated in cases with ossicular discontinuity following erosion, trauma or ossicular fixation due to tympanosclerosis, adhesions etc. Ossiculoplasty can be done by both bone and cartilage. This study has been done to compare the hearing outcome after ossiculoplasty using ossicle and cartilage.

Materials and Methods:
Fulfilling the inclusion criteria:
• Ossiculoplasty was performed on 100 patients suffering from CSOM with ossicular erosion.
• Age ranging from 5 to 75 years.
• Conductive loss of ≥ 25 dB.
• Pre-operative assessment included: History, pre-operative audiogram, status of tympanic membrane and middle ear.
• Intra-operatively: Type of ossicular defect and the disease, the surgery performed, ossicular-reconstruction material.
• Postoperative follow up after 4th month to assess hearing and functional outcomes.

Results:
• All cases had eroded incus (100%) and stapes suprastructure was present in 62% cases.
• Overall improvement was seen in 96% cases. Significant hearing gain was seen in 54% of the cases; of which, complete AB gap closure (obtained normal hearing) was seen in 33% cases. 36% cases had borderline hearing gain.
• At 6th month post-operative follow up it was seen that the gain in AB gap was 20 dB and gain of Air Conduction Threshold was 17 dB. This was statistically significant (p value=0.0001).
• Clinically, ossicular graft was superior to cartilage graft, statistically insignificant though.
• Success rate in intact stapes suprastructure was 53% but without stapes suprastructure exhibited 25% success rate.
• No association was observed between the type of CSOM and the outcome post ossiculoplasty.
• However, malleus stapes assembly had better outcome followed by myringostapedoexy and myringoplastinopexy.

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<thead>
<tr>
<th>Duration</th>
<th>Pre-operative</th>
<th>Post-operative</th>
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<tbody>
<tr>
<td>Mean Air conduction threshold</td>
<td>49.02 dB</td>
<td>32.62 dB</td>
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<tr>
<td>Mean Air Bone Gap</td>
<td>38.18 dB</td>
<td>17.93 dB</td>
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Conclusion:
• The study shows significant hearing improvement with ossiculoplasty.
• Prognostic factors for successful outcome were use of autologous ossicle, pure conductive hearing loss pre-operatively and intact stapes suprastructure.
• Functional outcomes obtained were hearing gain ≥ 20 dB, dry ear, no recurrence and no extrusion of the graft.
• Ossiculoplasty when performed with proper technique, in presence of dry ear, with an ideal material will give a good and satisfying hearing outcome. This would improve the lifestyle of an individual, allowing him to easily overcome the difficulty of hearing.