**Conclusion**

For patients with EAC osteomas failing conservative treatment and with larger osteomas, complete surgical removal is a curable method. Success of the operation, in turn, depends on the type of anesthesia and surgical approach chosen, including the addition of canalplasty when needed.

**Results**

There were 29 patients (29 ears) to be analyzed, including 23 males and 6 females. Right to left side ratio was 11:18 and the patients’ average age was 32.9. The most common presenting symptoms were incidental finding of EAC mass (37.9%, 11/29), followed by hearing impairment (27.6%, 8/29) and aural fullness (24.1%, 7/29). Patients who underwent general anesthesia, who were operated on via the post-auricular approach, and who received additional canalplasty to remove the EAC osteoma had osteomas that were significantly larger in size compared to the opposite group.

**Introduction**

Most osteomas in the external auditory canal (EAC) are asymptomatic. Some patients with EAC osteoma may develop hearing impairment, tinnitus, otalgia, and otorhea; or it may present as just an EAC mass found incidentally when wearing hearing aids. This study is designed to clarify the differences in patient profiles and EAC osteoma characteristics among patients who were treated differently with regards to surgical techniques and anesthesia.

**Methods**

Method

This study retrospectively reviewed 29 symptomatic patients with EAC osteoma. The SPSS statics was used to analyze the relationship of patients’ gender, age, symptoms, size, and location of EAC osteoma among patients operated either via a transcanal or post-auricular approach, and under local or general anesthesia.