# ATLAS OF EAR SURGERY

Andrew W. Miglets, M.D.

Michael M. Paparella, M.D.

William H. Saunders, M.D.

FOURTH EDITION

# ATLAS OF EAR SURGERY

## Andrew W. Miglets, M.D.

Professor, Department of Otolaryngology,
The Ohio State University College of Medicine,
Columbus, Ohio

# Michael M. Paparella, M.D.

Minnesota Ear, Head and Neck Clinic P.A., Minneapolis, Minnesota

## William H. Saunders, M.D.

Professor, Department of Otolaryngology,
The Ohio State University College of Medicine,
Columbus, Ohio

FOU TO YOU

With **207** places of illustrations

Illustrations by Beverly A. Etter and Nancy Sally

#### THE C. V. MOSBY COMPANY

ST. LOUIS · TORONTO · PRINCETON 1986



#### ATRADITION OF PUBLISHING EXCELLENCE

Editor: Carol Trumbold

Assistant editor: Anne Gunter

Manuscript editors: Pat Milstein, Suzanne Seeley

Production: Suzanne Seeley, Susan Trail

Cover art was redrawn by Susan E. Lane from Leonardo da Vinci: Anatomical Drawings from the Royal Library, Windsor Castle,
The Metropolitan Museum of Art, 1983.

#### FOURTH EDITION

#### Copyright © 1986 by The C. V. Mosby Company

All rights reserved. No part of this publication may be reproduced, stored in a retrieval system, or transmitted, in any form or by any means, electronic, mechanical, photocopying, recording, or otherwise, without prior written permission from the publisher.

Previous editions copyrighted 1968, 1971, 1980

Printed in the United States of America

The C.V. Mosby Company 11830 Westline Industrial Drive, St. Louis, Missouri 63146

#### Library of Congress Cataloging-in-Publication Data

Saunders, William H., 1920-Atlas of ear surgery.

Bibliography: p. Includes index.

1. Ear—Surgery—Atlases. I. Miglets, Andrew W., 1934- II. Paparella, Michael M. III. Title. [DNLM: 1. Ear—surgery—atlases. WV 17 S257a] RF126.S28 1986 617.8'059 85-25950 ISBN 0-8016-4319-8

# PREFACE

This book is intended to serve primarily as an illustrative guide for residents and graduates in otolaryngology who wish a reference on techniques of otologic surgery. It will also serve as a convenient reference for other physicians and colleagues interested in the current status of otologic surgery.

We have not considered it within our purview to discuss diagnosis of otologic diseases or indications for surgery; thus this text may well be used in conjunction with other references.

Although bibliographies are omitted except for Chapter 1, we recognize our debt to the many otologists who have given us advice and encouragement during the preparation of this volume. We wish to acknowledge the work of medical illustrators Beverly A. Etter, Rosalind Hagerman, and Nancy Sally.

Andrew W. Miglets Michael M. Paparella William H. Saunders

# CONTENTS

#### 1 Chronologic outline of the development of otology, 1

#### 2 Dissection of temporal bone, 19

Anatomy of the ear, 21 Topographic anatomy of the temporal bone, 22 Instrumentation for temporal bone removal, 24 Technique for temporal bone removal, 26 Preparation for and principles of dissection of temporal bone, 28 Stapes surgery, 38 Prosthesis and wire-bending in stapes surgery, 42 Insertion of prosthesis during stapes surgery, 44 Considerations in transcanal labyrinthectomy and stapes surgery, 46 Tympanoplasty, 48 Myringoplasty, 48 Exploration of attic, antrum, and mastoid in tympanoplasty, 50 Incus transposition in tympanoplasty, 52 Endaural type III and type IV tympanoplasties, 54 Simple mastoidectomy, 56 Exposure of endolymphatic sac, 56 Facial nerve decompression, 58 Modified radical mastoidectomy and fenestration, 60 Type III and type IV tympanoplasties with mastoidectomy, 62 Radical mastoidectomy, 62 Petrosectomy, 64 Other important structures, 66

### 3 Principles of preoperative, operative, and postoperative care, 71

Preoperative preparation, 72 Operative preparation, 74 Postoperative care, 76

### 4 Surgery for cosmetic and reconstructive purposes, 79

Otoplasty technique (Mustarde), 80 Otoplasty technique (Becker), 84 Composite graft from ear to nose, 86 Pedicle tubes, 88 Methods of auricular repair, 90

#### 5 Surgery for neoplasms and cysts of the ear, 107

External ear, 108

Neoplasms and cysts, 108

Sebaceous cyst and keloids, 116

Location of benign canal tumors, 118

Malignant anterior canal tumors without middle ear involvement, 120

Posterior canal tumors (benign), 122

Subtotal removal of temporal bone, 126

Middle ear and mastoid, 136

Glomus tympanicus tumor, 136

Removal of a large glomus tympanicus tumor, 138

Base of skull dissection for glomus jugulare tumors, 140

Temporal bone resection for malignancies, 142

#### 6 Surgery for infections of the ear, 157

External ear, 159

Minor procedures, 159

Perichondritis, 162

Surgical treatment of refractory external otitis, 164 1013 1013 1014 1015

Middle ear and mastoid, 172 To the control of the total control of the control of

Procedures and methods for myringotomy, 172

Anatomy to consider, 174 there a send to the send and but has been been.

Three different myringotomy incisions, 176

Inserting plastic tubes, 178 and the first public is as about at an analysis and and

Postauricular incisions, 180

Endaural incisions, 182

Heerman incision, 184 77 at bio some long and appropriate to make tological

Retractors commonly used in mastoid and middle ear surgery, 186

Simple mastoidectomy, 188 and one girry and a lens 34 aday saracha?

Modified radical mastoidectomy, 194

Bondy operation, 200

Radical mastoidectomy, 202

Special precautions, 212 sections for the second finished the second for the seco

Complications of mastoiditis: fistula, 214

Complications of mastoiditis: abscesses, 216

Complications of mastoiditis: sinus thrombosis, 220

Petrosectomy, 224

Labyrinthine drainage procedures, 226

#### 7 Surgery for Meniere's disease, 229

Destructive labyrinthectomy (Cawthorne and Day), 230

Transcanal destructive labyrinthectomy (Schuknecht and Cawthorne), 232

Endolymphatic shunt (Portmann and W. House), 234

Endolymphatic sac decompression and drainage procedures, 236

Ultrasonic technique (Arslan), 238

Sacculotomy (Cody tack), 240

Stellate ganglion block, 242

#### 8 Surgery for facial nerve paralysis, 245

Anatomic considerations, 246

Trauma injuring the facial nerve, 248

Decompression of vertical segment, N. VII; 250

Decompression of horizontal segment, N. VII: antral approach, 252 Decompression of horizontal segment, N. VII: transcanal approach, 254 Facial nerve grafting, 256 Anastomosis for paralysis, 258

#### Surgery for conductive deafness, 261

Congenital stenosis, 262 Malformations, 262 Surgical treatment, 266 Exploratory tympanotomy, 272 Exploration of the middle ear, 272 Discontinuity of ossicular chain, 274 Trauma, 284

Trauma: perilymph fistula, 286 Fixation of ossicular chain, 290

Otosclerosis surgery, 294

Stapedectomy, 294

Obliterative otosclerosis, 308

Stapedectomy with the argon laser, 316

Special problems, 320

Special problems: the floating footplate, 324

Special problems: footplate recovery (Scheer), 326

Special problems: bleeding, 328

Completing the stapes operation, 330 Stapedectomy techniques: vein-polyethylene strut (Shea), 332

Stapedectomy techniques: wire and fat (Schuknecht), 336

Stapedectomy techniques: absorbable gelatin sponge and wire (House), 338

Crimping, 338

Stapedectomy techniques: more commonly used prostheses, 340

Congenital fixation of the stapes, 342

Stapes mobilization (Rosen), 344

Partial stapedectomy: anterior and posterior crurotomy, 346

Partial stapedectomy: total footplate removal, 348

Revision stapedectomy, 350

Revision for granuloma and fistula, 354

Stapedectomy in a previously fenestrated ear (Schuknecht-Sheehy), 356

Fenestration, 358

Fenestration operation (Lempert), 358

Tympanoplasty, 368

Types of tympanoplasty, 368

Preoperative considerations, 370

Tympanoplasty grafts, 374

Myringoplasty or type I tympanoplasty, 376

Type II tympanoplasty, 382

Type III tympanoplasty, 384

Type IV tympanoplasty, 386

Type V tympanoplasty, 388

When mastoidectomy must accompany tympanoplasty, 390

Management with intact ossicles but middle ear disease, 392

Mastoid obliteration with tympanoplasty, 394

Tympanoplasty, complete mastoidectomy, and muscle obliteration, 396

Intact canal wall technique: mastoidectomy, 406

Conversion of radical mastoidectomy with reconstruction of canal wall using homograft knee cartilage (Wehrs), 414

#### 10 Neuro-otology, 417

Middle cranial fossa approach to the internal auditory canal, 418

General approach to the middle cranial fossa, 420

Decompression of the interlabyrinthine section of the facial nerve, 422

Temporal bone fractures, 424

Meniere's disease, 428

Removal of small intracanalicular acoustic neurinomas, 430

Removal of cerebellar pontine angle tumors, 432

Translabyrinthine removal of acoustic neurinomas, 434

Combined translabyrinthine-suboccipital approach (two-stage procedure) for removal of acoustic neurinomas, 442

Retrolabyrinthine approach for partial removal of acoustic neurinomas, 448

124 30. nd. nd. n.

The state of the s

is the Propagation of the second (), periodisable for the state of the state

Transection of posterior ampullary nerve for relief of benign paroxysmal vertigo (Gacek), 450

i - Programa de la compania de la c

a period stanoacetales a joy of the second o

ာရေး များကို အရေး မေရာက် မေရာက် မြောင်း မေရာက် မြောင်းများသည် မေရာက် အမေရာက် မေရာက် မေရ

The sage, vising the company and a container of conspany distributes of the container of th

Cochlear implant, 456

Singular channel cochlear electrodes, 458 

And the consentation is not in the agency of the consentration of the consentration of the consentration of the

Vongenstant with it is a subtiline in the

10 f and problem to the control of t

ters start (L) spilling, egplatuspon at

Discovered otophæyngeal (eustachian) tabe. (Queen trom Jonethum Wrigh) 1898.)	Alcmaleon	500 sc
Knew sounds were vibrations imprements in an reading ear. However, he knew only of tympanic microsistic, and cavity myond it.	Empedocles	450
Enrol Chapter 1 action of the content of the conten	Hippogrates	400
Mentioned nochles as being inner counterpast of etc. ecc.	eltotan A	350
Described offits and foreign harbles in early and a second reconstruction of pions and surgery for calls become	Aurelius	aa bë
CHRONOLO	GIC	200
OUTLINE OF	TH	E
the section in the manufacture and the maintain and institute and	to Inst	066
DEVELOPMI	ENT	1350
DEVELOPMI  The state of the sta	Charifac	1350
	Charifac	
Employed five all in these affering ands.  Credited with discovery of inous and is thought a layer.	Charifac	1484
Employed five all manus and is thought a vice discovered mallens.	Gerengario Achillina	1484
Employed five ail in these alleading and is thouse to discovered mellens.  M.M. zlo8 ruthrA b.3. in literature of the seek of their existence.	Chaulles Nickle D Acollins Acollins da Carps	1512

TV7.7 1

500 BC	Alcmaeon	Discovered otopharyngeal (eustachian) tube. (Quoted from Jonathan Wright, 1898.)
450	Empedocles	Knew sounds were vibrations, movements in air reaching ear. However, he knew only of tympanic membrane and cavity beyond it.
400	Hippocrates	First to inspect tympanic membrane and recognize it as part of organ of hearing. He clearly described acute otitis.
350	Aristotle	Mentioned cochlea as being inner counterpart of outer ear.
50 AD	Aurelius	Described otitis and foreign bodies in ear and discussed reconstruction of pinna and surgery for canal stenosis.
200	Galen	Noted auditory nerves leading to brain but thought they terminated in middle ear cavity. He first applied term <i>laby-rinth</i> to inner ear. He advocated that "carious bone should be removed after making incision behind ear," but there is no evidence that he performed procedure.
690	Paul of Aegina	Described treatment of ear and stated that congenital deafness is incurable.
1350	Guy de Chauliac	First to use ear speculum.
1494	Niccole	Employed silver and iron tubes as hearing aids.
1512	Achillini	Credited with discovery of incus and is thought to have discovered malleus.
1514	Berengario da Carpi	Mentioned malleus and incus in literature and so knew of their existence.
1543	Vesalius	Gave first accurate description of malleus and incus.
1546	Ingrassia	Discovered and named stapes, described oval and round windows, and discovered bone conduction of sound.
1550	Fallopius	Named cochlea, tympanum, chorda tympani, and auditory nerve. He described facial canal, which now bears his name, as aqueduct. He carefully described ossicles and their articu- lations and distinguished two principal divisions of inner
		ear

ear

*	1562	Eustachius  The property of th	Wrote Epistola de Auditus Organis, first book exclusively about the ear. Although otopharyngeal tube was known to Greeks and mentioned in writings of Aristotle, Eustachius described its structure, course, and relations accurately, and it now bears his name. He also described tensor tympani muscle and stapes.
	<b>1572</b>	muscles of plans He furst ratio or bearing ms as or expelling pus dulle gar when	Wrote De Auditus Instrumento, first textbook of anatomy and physiology of ear. He traced sound vibrations from external auditory meatus through tympanic membrane to vestibule and cochlea.
	1575	Varolius Das esi	Described accurately stapedius muscle.
	1584	Ponce de la la la Leon	Pioneered instruction of deaf mutes.
	1584	Mercuriali	Wrote first clinical manual of otology.
	1600	Casserio awo	Gave one of earliest descriptions of ear, including three and one-half turns of cochlea:
	1648	Kircher	Described ear trumpet.
	1649	Riolanus	Performed mastoidectomy to relieve eustachian tube blockage and tinnitus.
	1672	Willis	Described paracusis and recognized division of cochlea.
	fitive sign is finit vir infinit in the insign has insign has insign has	est at apex and ng the first of its l linest in a cord maintain that of nade up of series gery braintable e	pathologist, he established that pus drainage from ear did

1691	Rivinus	Described notch in bony tympanic ring that now bears his name.
	valsalva seriood telesci extbook of anarc vibrations from membrane for	Wrote De Aure Humana, describing anatomy as seen in over 1000 temporal-bone dissections. He distinguished areas of ear as outer, middle, and inner and named scala vestibuli and scala tympani. He described muscles of pinna, auditory nerve, and ankylosis of stapes. He first rationalized treatment in otology and put maneuver bearing his name on rational basis, first advocating it for expelling pus in otitis, later for replenishing air in middle ear when eustachian tube was obstructed. He noted relationship of preauricular lymph node to surrounding tissues and its significance. He clearly described incisura of external ear.
1711	Shore	Invented tuning fork.
1724	Guyot	Postmaster in Paris who invented eustachian catheter and used it transorally to relieve his own deafness.
1736	Petit	Performed first successful operation for mastoiditis.
1736	Morgagni	First to recognize otitis as cause of brain abscess rather than brain abscess as causing otitis.
1741	Cleland	Used eustachian catheter through nose.
1760	Eli	Performed first myringotomy in attempt to relieve deafness.
collytur different irles: A. rest dis uth relic	g to some. As a significant of the correct best by the correct brough which a to suggest that areas of cours drainage from brain As a logy and wrot g of tympane of cours of cours of the c	Credited with discovering labyrinthine fluids (although they were described by Pyl in 1742) and vestibular aqueduct (aqueduct of Cotunnius). He correctly described fibers of basilar membrane as being longest at apex and shortest at base, making his theory of hearing the first of its kind, similar to that of Helmholtz and almost in accordance with modern teaching. He was first to maintain that only fluid is present in cochlear space and also theorized that basilar membrane is auditory receptor made up of series of vibration.
1768	Morand	First to successfully treat by surgery brain abscess secondary to otitis.
1774	Meckel	Proved that only fluid is in cochlear space by exposing temporal bones to freezing temperatures and showing labyrinth filled with ice on dissection.

	1783	Braidwood	Founded first British school for deaf mutes.
	1789	Scarpa Scarpa	Discovered membranous labyrinth and showed that round window is capable of acting as secondary tympanic membrane. Also, his name is applied to ganglion of vestibular division of eighth nerve.
	1791	Baron yon Berger	Court physician who died from mastoidectomy, putting operation into disrepute.
	<b>1801</b>	echanism to con	Advised paracentesis of tympanic membrane for cases of deafness arising from blocked eustachian tube. He described deafness resulting from obstruction of auditory nerve.
	1806	Saunders  (a tatasti to an	First to advise performing myringotomy for acute otitis, syringing suppurating ear with zinc sulfate, and attempting to suppress purulent discharge rather than to favor it.
		Bozzini o inizzoB through skull be	Devised aural speculum provided with mirror reflectors and illumination.
	<b>1814</b> (3)	Blainville, 101	Described congenital asymmetry of two ears (Blainville ears).
		Jacobson and the	Described tympanic nerve and plexus and nerves supplying tympanum.
	1821	to excise tissued the and to partition belief.	One of first surgeons to specialize in otology and wrote excellent text.
	1824	Flourens mai	By observing peculiar head movements of animals after sectioning their semicircular canals, he first deduced role of canals in maintenance of equilibrium and coordination. He
		chiese duct and a membraneus	described cochlear and vestibular parts of eighth nerve and correctly identified their function.
,	1828	Buchanan	Made detailed measurements of pinna, external meatus, and tympanic membrane.
	1828	ases of the Ear. He through the constitution of the constitution o	Described otic ganglion (Arnold's ganglion), which sends fibers to tympanic muscles.
	1829	Saissy	Invented and was first to use bougie for eustachian tube.
	1832	Shrapnell	Noted local differences in tympanic membrane and described portion (pars flaccida) now bearing his name.

Huguier Described canal (Huguier's canal) in temporal bone, which serves as passage for chorda tympani nerve.
Breschet Introduced term helicotrema to designate structure in co-chlea.
Huschke  With microscope, saw limbus and outward extension as vestibular lip, and distinguished these parts from bony spiral lamina.
Müller  Noted difference between acoustic properties of air and water and need for transformer mechanism to convert air vibrations of high amplitude and low pressure to liquid vibrations of low amplitude and high pressure.
Henle Described suprameatal spine (spine of Henle), extending from temporal bone behind auditory meatus.
Savort Demonstrated conclusively that sound is conducted directly to tympanic membrane by air, not through skull bones.
Hofmann Designed first otologic head mirror for drumhead illumination.
Yearsley  First to practice as ear, nose, and throat specialist. He founded Metropolitan Ear, Nose & Throat Hospital in London, first of its kind. He was first to excise tissue blocking pharyngeal orifice of eustachian tube and to patch perforations of drum, using cotton-wool pellet.
Corti  Described tectorial membrane, basilar membrane, hair cells, and supporting structures (organ of Corti).
Reissner  Discovered membrane dividing cochlear duct and vestibule (bearing his name) and described membranous canal of cochlea (bearing his name).
Wilde  Wrote medical classic Practical Observations on Aural Surgery and the Nature and Treatment of Diseases of the Ear. He recommended incision of mastoid down through periosteum in fluctuant mastoiditis; Wilde's incision survives today. He invented angled shaft on aural instruments. As result of his publicizing ear diseases and thereby fostering growth of otology as specialty, he is known as "father of modern otol-
anic membrana and

1855	Rinne	Described tuning fork test that bears his name.
1857	Morel  Tobey's entry as a landaus.	Described deformed ear (Morel ear), which is degenerate in nature and marked by partial obliteration of folds, thin edge, and general prominence.
1858	Schultze	First to describe nerve endings in labyrinth.
1860	Toynbee Derres of the bar of the bar of the bar structure of ossicler and a said ossicler and bar of the bar o	First to systematically dissect temporal bones (2000) and correlate pathology with clinical history. Disproved belief that stricture of eustachian tube was common affliction, noting that tube was normally closed and opened only during yawning and swallowing. Described 10 osteomas, numerous cholesteatomas, calling them <i>molluscous</i> tumors, and fistula of lateral canal and was one of first to describe otosclerosis (160 cases). Invented successful artificial drumhead made of gutta-percha disc mounted on silver wire. While trying to treat his own tinnitus experimentally by inhaling chloroform and performing Valsalva maneuver, he died.
1860	von Tröltsch	Credited with devising first modern otoscope.
1860	Woolner	Described apex of helix of ear, known as Woolner's tip.
1861	Meniere	Established that vertigo is affection of internal ear and accurately described symptom complex that bears his name.
1862	Turnbull	Performed first mastoidectomy in United States.
<b>1863</b>	igo syri <b>dioiniH</b> il isada same i ead katek kliese nion vije first to demon	Noted that aural polyps did not arise from external meatus, but could grow through perforation in tympanic membrane. He showed how molluscous tumors can cause death by eroding bone and allowing infection to spread to brain. He advised early myringotomy in cases of acute suppuration within tympanum. Hinton was first in Great Britain to perform simple mastoidectomy.
1864	Siegle	Introduced pneumatic otoscope.
1865	Deiters	Described gray matter in floor of fourth ventricle, which is origin of median root of auditory nerve.
1866	Bell avibra	Attempted to transmit speech to his deaf wife and, in so doing, invented telephone, which led to development of early audiometers.

1867	which is degener	Described membranous pouch, which bears his name, in attic of middle ear.
1868	Böttcher	Described dark polyhedral cells (Böttcher's cells) on basilar membrane between it and cells of Claudius.
not- not- uring erous- scula- erosis	oral bones (2000 dory. Disproved omnon affliction of only only do osteomas, num oral turners, and for describe of osteoms.	low-frequency stimulation in apex and high in base but attributed phenomenon incorrectly to resonance. He described transformer mechanism of middle ear structures, including lever action of drumhead and ossicles and hydraulic action of large tympanic membrane acting on small stapedial footplate.
	sal drumbead ns wire, w <b>aszuL</b> yl ly by inhaling al	First to evaluate transmission of sounds through cranial bones as aid in diagnosis of ear diseases.
1870	Goltz Goltz	Described physiologic significance of semicircular canals.
1871		Suggested that Meniere's disease and glaucoma might be similar entities.
	of in axtrawdo and a record in the theorem in the distress.	Established indications and method of simple mastoidectomy. Put paracentesis on a rational basis. He described faint pink blush that occurs on promontory in otosclerosis, which bears his name.
erane.	a tympānic mami	Completed description of aural vertigo syndrome of Meni-
Coller	is can cause des to spre <b>rdwor8</b> ra s of acute suppu in Great Britair i	Noted that rotation of animals caused same head movements as Flourens had noted, correlated these movements with ocular nystagmus in man, and was first to demonstrate that nystagmus was labyrinthine reflex.
1874	Brown	Suggested that semicircular canals were associated with position sense.
1876	(w. alandaev dra Roosa gwa	First to mention promotion of healing of tympanic membrane perforations by silver nitrate cautery.
1877 ge	deaf wife and Bezold to blosse	Gave first clear description of mastoiditis.

Hartmann

1878

1878	ee, ossiaaler chri	Performed first myringoplasties. He removed epithelium with court plaster and grafted skin.
1878	Kessel	First employed endaural approach to temporal bone. He described first radical mastoidectomy, using endaural approach, in 1885. In 1878 he performed stapes extraction, but
monte	lical nastoides tympanut, jurd i cke's operation	because of infection, switched to stapes mobilization. He described sound projection of round window in 1879, using remnants of drum membrane. Later, in 1885, he reported
ballat	sclerosis în itr	hearing improvements by adhesion of drum membrane to head of stapes. See the second of stapes and see the second of stapes and see the second of stapes.
<b>1881</b>	von Tröltsch	Named otosclerosis, thinking stapes fixation was caused by sclerosing changes in tympanic mucosa. He devised modification of Schwartze's simple mastoidectomy, which included essentials of modern radical mastoidectomy.
1883	Kiesselbach	Performed first operation for congenital meatal atresia.
1885	Schwabach	Criticized tuning fork tests of Weber and Rinne and proposed one that bears his name.
1886	it is seat of infections.  It is seat of infectional infections.	Studied propagation of auditory impulses and demonstrated that projection from each ear is bilateral.
<b>1887</b> .	Blake	Introduced use of paper patch for tympanic membrane perforations.
1888	Boucheron	Mobilized 60 stapes.
1889	von Bergmann	Gave radical mastoidectomy its name.
1889	Stacke	Developed operation of ossicle excision.
1889	astordectors (connects sar cult	Enumerated steps on which radical mastoidectomy operation is based, defined indications, and also advocated removal of posterior osseous meatal wall to gain access to more areas of chronic disease.
1890	Zaufal	Described Küster's technique in detail. Zaufal's name is most often associated with the operation.
<b>.48</b> 90	Rosenthal	Described spiral tube (Rosenthal's canal) that turns about modiolus of cochlea.
		Meniere's diseas

此为试读,需要完整PDF请访问: www.ertongbook.com