**COCHLEAR IMPLANTATION IN CHILDREN, ANATOMO-RADIOLOGICAL TIPS FOR OPTIMAL INSERTION OF THE ELECTRODE HOLDER**

Objective
Radiological assessment of round window visibility by high-resolution temporal bone CT to predict surgical difficulties in cochlear implantation

Materials and methods
A review was conducted on 32 patients who experienced intraoperative difficulties during implantation. All patients had moderate to profound bilateral sensorineural hearing loss that could not be corrected by hearing aids and underwent preoperative CT scanning using a dedicated imaging protocol for cochlear implantation. The CT scan analysis focused on the configuration of the RF niche, which was classified according to the degree of bony relief as open, partially closed, or closed, the position of the round window and its relationship to the incudostapedial joint, and the measurement of the chordofacial angle.
The approach to the inner ear was by a standard mastoidectomy technique with posterior tympanotomy

.Results
Intraoperatively:
- complete obturation of the niche: 07 cases
- anterior position of the 3rd portion of the facial nerve (VII). 13 cases
- a cochleostomy 44% of cases.
- in 56% resorts to anatomical landmarks
- The chordo-facial angle less than 25°. 15 cases

Conclusion
the computed tomographic examination is the reference examination before any cochlear implantation. the analysis of the different anatomical landmarks by computed tomography must be supplemented by other studies in order to determine more precise predictive values ​​for the success of the cochlear implantation.

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