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Program and Abstracts



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epithelium. There was no signal in basal cell carcinoma and FaDu cells. In contrast, squamous cell carcinoma showed positivity, maximal expression observed in tumors surrounded by the basement membrane and exhibiting CK-10 expression in the cytoplasm. Of note, a negative correlation between Ki-67 and galectin-7 was found. These results document indications for tumor-type selectivity and association of expression of this galectin to proliferation, warranting further study.

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14. Lipids of the earwax-procedure of qualitative and quantitative analysis

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In the lecture authors describe used methodology and first analytic outcomes of amount of cerumen lipid fractions.

In specimens of wet earwax have been established 45 % of soluble lipids. Using thin-layer chromatography, the lipid fraction was separated into five sub fractions with increasing RF: phospholipids (average 1.52 ± 0.94 g/l; 26.53 ± 15.82 weight %), diacylglycerols (average 0.68 ± 0.27 g/l; 12.66 ± 8.79 weight %), free fatty acids (average 0.62 ± 0.55 g/l; 10.85 ± 7.34 weight %), triacylglycerols (average 1.17 ± 1.03 g/l; 17.70 ± 13.18 weight %) a cholesterol esters (average 2.14 ± 1.31 g/l; 32.26 ± 12.28 weight %).

Measured amount of cerumen lipids was compared with serum lipids. Established amount of lipids is in average about 10.9 % higher in earwax than in blood serum. There seems to be no difference in cerumen lipid levels in dependence on blood cholesterol, HDL-cholesterol, LDL-cholesterol, atherogenity index and body-mass index. In patients with higher blood level of triacylglycerols has been observed lower cerumen level of cholesterol esters (1.77 ± 1.09 g/l, cp. normal blood triacylglycerols 2.5 ± 1.3 g/l) and in patients with higher

level of lipoprotein a is increased level of cerumen phospholipids (1.94 ± 0.94 g/l; cp. 0.93 ± 0.34 g/l) and cholesterol esters (2.45 ± 0.94 g/l, cp. 1.72 ± 1.04 g/l).

For confirmation of possible dependence cerumen lipids on serum lipids, further study is necessary.

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15. Confirmation of biofilms on silicone foils in the external ear

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Introduction:

In middle ear surgery silicone foils are inlayed for 2-3 weeks to splint the external auditory canal. So far there are no information's about the degradation of the material. The intention of this study was to detect biofilms on the surface of the silicone foils using microbiological techniques and scanning electron microscopy.

Materials and Methods:

Patients (n=49) divided up in to 3 groups, whereas foils remains for 7, 14 and 21 days in situ. After removal foils were rinsed and were cannoned with glass spheres to break up the biofilm. The spheres were washed, a smear was taken and PCR was started.

Results:

In 22 of 49 patients (45%) germs were detected. In the majority Staphylococcus were been identified. Even in 4 patients (8%) pseudomonas aeruginosa was found. The amount of germs increased with the time, foils were in situ.

Conclusion:

On the silicone foils in the external ear an adhesive biofilm was detected independently of the retention time, even with the presence of pseudomonas aeruginosa. In summary foils are due not to remain too long in auditory canal to prevent infectious reservoirs.