

# Patient-Specific Electrode Array Selection for Cochlear Implantation

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Introduction

Patient-specific CI electrode array selection has to take account for the cochlear morphology and residual hearing situation. A preoperative estimation of the cochlear duct length (CDL) may avoid over/under-insertions during implantation.

### Results

The following parameters were found after fitting (Fig. 3):

This work aims to provide an equation that estimates the CDL for a given cochlear diameter (A) and for an intended angular insertion depth ( $\theta$ ).

## Methods

• 15 human petrous bone specimens with implanted arrays (Med-El Flex28/Standard, Fig. 1)





 $p_1 = 2.43$  $p_2 = 248^{\circ}$ 

Goodness of fit (n=15): • r<sup>2</sup> = 0.988 • RMS-Error = 0.495 mm • Residuals within ± 1 mm

Fig. 3: Data points, fitted surface (top), and residuals (bottom)

Figure 4 shows the CDL for a cochlea with a diameter of 7.0, 8.5, and 10.0 mm.



Fig. 1: MicroCT generated surface models of 15 human cochleae with implanted CI electrode arrays

- High-resolution microCT imaging (18 µm isotropic)
- Assessment of the cochlear diameter and the cochlear duct length (Fig. 2)
- Parametric fitting of logarithmic function [1]

 $CDL_{OC} = p_1 \cdot A \cdot \ln\left(1 + \frac{\theta}{p_2}\right)$ 



Fig. 4: CDL as a function of angular insertion depth for different cochlear diameters

### Discussion

Evaluation of the fitting residuals suggests that the CDL at a given angular insertion depth can be estimated with  $\pm 1$  mm accuracy. The estimated values lie within the distribution reported in literature [2-4].

Fig. 2: CDL measurement using microCT images of a left human cochlea: the diameter of the cochlea (left) and the cochlear duct length (right).

#### Conclusion

The derived equation could be used in the future as tool for the surgeon to enable preoperative CI electrode array selection, accounting for the patient's anatomy and residual hearing.

#### References

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