AIM
The aim of the present study is to report our experience with temporary canal wall removal in intracochlear schwannomas and B2 glomus tympanicum tumors.

MATERIALS AND METHODS
Retrospective review on 8 consecutive cases with an intracochlear schwannoma (n=2) and B2 glomus tympanicum (n=6) who underwent canal wall up mastoidectomy with temporary canal wall removal.

RESULTS
• Total resection was achieved in all cases.
• None of the patients had any temporary or permanent facial paresis or palsy.
• Hearing outcome of the glomus tympanicum cases is displayed. Intracochlear schwannomas already had preoperative deafness.
• No complications were observed e.g. granulation formation, extrusion or formation of cholesteatoma.

CONCLUSION
The temporary canal wall removal technique is a versatile and safe strategy to easily approach the hypotympanum and promontory. It provides the advantages of exposure in canal wall down mastoidectomy or subtotal petrosectomy, while avoiding blind sac closure and sparing the tympanic membrane and mobile ossicular chain.