


Inflammation of the middle ear

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Inflammation of the middle ear

Inflammation of the middle ear with pus formation. Inflammation of the middle ear is called. Inflammation of the middle ear is known as. Inflammation of the middle ear medical term. Inflammation of the middle ear is called quizlet. Inflammation of the middle ear caused by an infection is called. Inflammation of the middle ear is also called Inflammation of the middle ear and tympanic membrane.

Otorhinology Department, facial cervical surgery | Home | Unit one | Unit three | Quattro Unit | Unit Five | Six Unit | Seven Unit | Otto Unit | References | Diseases of the middle ear are usually seen in changes in the tympanic membrane, or through the transparent tympanic membrane. The most common conditions are shown here. Bollosa Myringitis This is a 6-year-old female who came to the clinic with severe pain in the right ear. She had a cold and fever a week ago and she still has nasal congestion. She's parents say she didn't have ear drainage. Exam: After an examination of the left ear, she reveals a fluid filled bubble front to the hammer. Only the back of the blister can be seen easily. The mural black anterior canal visibility to the rest of the TM. The rest of the TM is erythematous-edematous and loses the usual landmarks. ^ Click the arrow to view the video Information: Bollosa Myringitis is considered by many above all a viral inflammation of the tympanic membrane that accompanies colds and flus. Usually does not cause damage to the middle ear or oxygen. Signs and symptoms include Otalgia, blood, fullness, pain with the movement of the tympanum, haemorrhagia (herpetic) BLEBS on the lateral surface of the tympanic membrane and adjacent channel. The tympanic membrane can have a violet shadow. Raise water bubbles can develop under pressure. If there is no improvement after 7 days, consider secondary infection. Treatment consists of analgesics, antibiotics and decongestants. Apply drops containing antiseptics and steroids. In children, the disease is self-limiting and treated with analgesics and antipyretics. It is important to avoid blowing nose and sneezing and treated with the same products. Otitis Acute Media Info: This is a 30-year-old male who presented the strong pain in the left ear, loss of hearing, and fever for the last 24 hours. Three days ago he started having symptoms of a "cold head". Exam: NOTICE The redness of the tympanic membrane from hypervascularization. This is common in the early stages of acute otitis media. ^ Click the arrow to view the video Information: Acute Otitis Media is a rapid onset of an inflammatory process at the mucosa level of the medium ear space associated with local or systemic signs. Infection in a tympanic swollen membrane, swelling and redness causes a bacterium or virus that migrated from nasopharynx, through the Eustachian tube, the middle ear. The Eustachian tube always becomes blocked by inflammation and liquid accumulates under Pressure without treatment, this bacterial infection progresses through four phases. The first stage is hyperemia of the mucosa. Occlusion of the Eustachian tube by it Initially causes a negative pressure in the cavity of the middle ear. A sense of fullness is felt with a hearing loss. The tympanic membrane is hyperemic along the hammer handle, pars Pars around the periphery. Fever and Otalgia can be obvious but are not serious. The second phase is the exudation. Serum, fibrin, red cells and fugitive polymorphonuclear leukocytes in mucus secreted by Goblet cells. This exudate fills the cavity of the average ear under pressure. The tympanic membrane becomes very thickened and protruding, resulting in loss of conductive hearing, pain and Otalgia. A fever occurs. Monuments are difficult to view. In children, the mastoid area can be tender and swollen. The third phase is the suppuration. Also named as authentic otitis media. At this point, spontaneously TM breaks and a pyogenic bacterial eager infection are present in the mucosa of the middle ear. Signs and symptoms include conductive auditory losses, pain, purulent discharge, fever, thickness of the middle ear mucosa, tenderness mastoid, and possibly rupture of the eardrum. The fourth phase is resolution, or recovery, once the pus is absorbed and reabsorbed. About 95% of treated cases resolve spontaneously. However, if the collection persists, the need for surgical intervention arises. The suppurative phase may persist for several weeks. Abscess formation leads to coalescence (smaller abscesses blend into new irregular abscesses). There is bone erosion in all directions, creating an abscess inside and/or outside the mastoid body. Mucorrhinorrhea appears floating quantity continues. The recurrent pain and the tenderness mastoid accompany the low degree of leukocytosis when the drain is removed surgically. Radiography shows the descaling and destruction of cellular partitions. Conductive hearing is noted. Other signs and symptoms can include the collapse of the Bony Bony Process superior Metana Wall, the upwards thickening and the tenderness of the profound mastoid. Applications can include acute mastoiditis, petrositis, labyrinthitis, face nerve paralysis, conductive hearing loss / sensorimotor and thrombosis Side of the breast. The complications beyond the tympanic membrane and mastoid air cells include a superbotic mastoid abscess, an extralabyrinthine abscess, an abscess of the brain, the litemingitis and the thrombopilebitis of sigmoid sinus. The acute coalescent mastoiditis bone is soft due to descaling and osteoclastic, but still experiencing. The new bone can form when the pus under pressure is raised. Chronic average otitis exists when there is a permanent perforation in the tympanic membrane with or without a permanent change in the middle ear. The extension of Mucopurulent inflammation in the middle ear is variable. Signs and symptoms include bone loss ossicular, drilling, retraction, opacity and granulation fabric Polyps. The perforation of the tympanic membrane can allow an entrance to squamous epithelium. Although drainage can be more or less continuous, the active infection is marked with hyperemic mucosa and thickened with a mucopolurulent exudate. Acute and chronic chronic serous otitis It is a 66-year-old male who presented to the clinic with fullness and connecting his right ear for a month. He had received Augmentin for a previous acute otitis. The past medical history of him is significant for the surgery of the ureters placed as a kidney stone removal infections. He also has myringotomy test tubes positioned in both ears. Examination: The yellow grommets in position 8 and 9 in the drum. It is particularly visible to position 9 and 9 in the drum. There is a retraction in position 9 at 2 o'clock. Occasionally you see white debris at a level of the eardrum although the grommets degraded in this patient. History information: Tympanic membrane contraction. Tympanic membrane contraction is characterized by a gradual decrease in the mobility of the eardrum. The condition is caused by various factors such as aging, dehydration, allergies, chronic rhinitis, preventing the eardrums and ossicles are normally vice. Information on the tympanogram: Tympanic membrane shows a flattened line because the fluid prevents the mobilization of the tympanic membrane. Information: Serous Otitis Media (SOM) - acute is a condition of the ear due to the accumulation of a thin watery transpired into the middle ear. Eustachian tube dysfunction is the main cause; respiratory infections and allergies are predisposing the factors. The Serosa otitis is commonly found in children's less than six years with a history of otitis media. Patients with a first episode of the otitis, the low weight of birth, feeding bottles and nursing in their history are more inclined to this disease. In adults, the barotrauma to fly or scuba diving can cause serious otitis. Adults with palatine problems and nasopharyngeal injury or tumors can present with Serosa otitis as their first complaint. Patients undergoing head radiotherapy and hyperbaric oxygen therapy frequently have the medium.SIGS ear fluid and symptoms include compromised hearing, a gurgling feeling, an ear infection with a completely protruding Timpan membrane and ache. The hearing can vary in different positions at fluid repositions in the cavity of the middle ear. Otitis media average - chronic is the long-term accumulation of the medium ear fluid that is not purulent behind the eardrum. Serosa otitis that lasts longer than three months, strikes up to 5-10% of children. The SOM is common to those with syndromic conditions, such Asteracher-Collins and trisomy 21 and anomalies as a palate of the crack and unmistakable syndrome. The signs and symptoms include mild otalgia, immobility, autotonia, hearing loss and a discolored tympanic membrane with diminished mobility. Complications can include cholesteatoma, oxygen destruction. History information: Tympanosclerosis: The patient is a 5-year-old male who presents to the clinic for a physical routine school. His story is positive for myringotomy and tubes at the age of two. He has no hearing loss. Examination: Note the whitish patches on the middle ear. These patches represent areas where the fibrous layer of the middle ear has been replaced by scar tissue. Tympanosclerosis appears as smooth, white, slightly raised areas of dense chalk. It usually occurs in the center of a cured drilled or extruded pipe after recovery from the media otitis. Hearing loss is usually not known unless an important part of the tm is involved. Tympanosclerosis is usually asymptomatic, in rare cases the tympanosclerosis may result in the ossigenza and cause the fixation with a loss of the resulting conductive hearing. history of polyp alar: This 52-year-old gentleman had a long history of serum otitis and had a myringotomy tube. After a year the patient arrived at the clinic with complaints of the fullness of the left ear and hearing loss. The pipe was connected and has been removed.examination: after examination of the left ear, the drilling can be seen in the center of the timpanic membrane. there is pink granulation fabric seen through drilling, the rest of the tm is thickened and matte by chronic infection. the lower image shows a secondary front channel polyv to a foreign body reaction. ^ Click the arrow to view the video there are no videos associated with this image. information: A loyal polyv is the granulation fabric with a stem that extends from the middle ear through a perforation in the timpanic membrane. It is usually associated with a colesteatoma or a maintained ventilation tube. a polyv is a sign of consolidation and chronicity. This chronic process is difficult to heal without surgical interventions.polyv can occur individually or in multiples and are quite variable in size, can obstruct the ear canal and protrude from the meate. consistency can vary from very soft to firm. may appear hermatomatos or pale. there are two types of polyvs: mucous membrane and granulation. Both are inflammatory of origin, consisting of a mixture of polymorphonuclear leukocytes, plasma cells, mast cells, giant cells and fibroblasts containing numerous new blood vessels. the polyvs of mucinous membrane come from fold in the mucous membrane that protrudes and are covered by the same epithelial layer as the middle ear. granulation polyvs are not usually attached to the middle ear wall. they grow from the edges of the hole and extend towards the middle ear. the histological picture is similar to that of the granulation tissue. History information: Tympanosclerosis: Tympanosclerosis is a degenerative disease of the middle ear. It is characterized by the presence of white plaques on the tympanic membrane. It is often associated with chronic otitis media. Examination: the tympanic membrane has a posterior retraction at the 9 o'clock position. The retraction is transparent because this is the site of the previous perforation that heals without a fibrous layer. A top retraction pocket can be seen at 12 o'clock in the flabby parts. The TM does not have a fibrous layer in that area and is often retracted from the pressure of the medium negative chronic ear. There is also an effusion of the average ear that makes the opaque and opaque TM appear. ^ Click on the arrow to display the video Information: A retraction pocket occurs when an area of the time membrane is dragged into the average ear to chronic negative pressure. A upper retraction pocket occurs when the flabby pars is retracted in the attic. A rear retraction pocket occurs when the back of the TM is portrayed possibly draped above the incus and the Stapes. The pocket is caused by the dysfunction of the Eustachian tube that creates a negative pressure in the central ear cavity. The physical orientation of the pocket in the tympanic membrane often prevents the epithelium from facing correctly, allowing keratin debris to accumulate, forming a cholesteatoma. History of adherent otitis: this is a 75-year-old woman complaining about severe hearing loss in the left ear. You have a long life of recurrent hearing infections and different operations to repair your ear drum (Tympanoplasties). Exam: warning the severe retraction of the too my membrane. See moved so far away on average that it is on the internal wall of the middle ear space. Every present oxyllole is highly visible because the TM tends around them. The Midportion of the medium ear bone wall - the promontory - appears white. ^ Click on the arrow to view the video Information: adhesive otitis is the final phase of serous otitis. It develops in a long period of time in the presence of serously medium chronic otitis. The atrophy of the tympanic membrane occurs causing it to drapey and adhering to the incus and the stapes, canceling the space of the middle ear. History of colesteatoma: this is a 40-year-old man who presents to the clinic with a progressive hearing loss in the left ear. He has a long history of recurrent hearing infections and different operations to repair your ear drum. Examination: there is a slight swelling the second image shows a cholesteatoma that has formed in a retraction or retraction pocket through the TM and is growing outward from the drum of the ear. The patient has a history of chronic middle otitis; The Cholesteatoma presents as the whitish area at the position of the 12. This is a common area to find a cholesteatoma that develops from a superior retraction pocket. When external scale debris are sucked away, the resulting drilling or retraction pocket with retained debris is visible in the space of the middle ear. In images here Note the cholesteatoma growing in the flapping pars of the TM ^ click on the arrow to view the video Information: a cholesteatoma is an accumulation of keratin in layers of concentric outer containing cholesterol crystals. It caused by squamous epithelium mass destroys the surrounding bone. Cholesteatomas can develop into portraits of the tympanic membrane or squamous metaplasia in the middle ear due to a long-standing infection. The characteristic is the presence of white debris of keratin in the middle ear. A cholesteatoma usually delays the erosion of the bones and can damage the semicircular canals and the facial nerve, resulting in hearing loss, dizziness and paralicholestostomas require surgery, usually a mastoidectomy and possible reconstruction of the ossicular chain. History of Barotrauma: This is a 37 year old female who had been on a day holiday. He flew home yesterday. On the descent she felt severe pressure and pain in her ear. Examination: On examination of the ear, the erythematosus vessels may be seen parallel to the malleolus. This represents the hypervascularisation secondary to pressure changes that occurred when the patient was unable to equalize the pressure in the middle ear space. The image below shows a hematopic (blood filled with blood). ^ Click the arrow to view the video There are no videos associated with this image. Information: The Eustachian tube is responsible for maintaining the normal pressure in the middle ear. If the pressure in the middle ear is higher than the atmospheric pressure, the Eustachian tube will passively open the Eustachian tube, alleviating the pressure difference. During the descent, the middle ear volume decreases, creating a relatively negative middle ear pressure. This pressure opposes the opening of the Eustachian tube and can lead to irreversible negative pressure, resulting in pain, dizziness, rupture TM, hemorrhage of the middle ear (hemotympanum) or loss of function and hearing. The hematome seen above gives a purple color to the TM. The middle ear space is filled with blood which usually resolves spontaneously. The tympanometry would show a "Bt" tympanogram. Decongestants may be prescribed to help in resolution. | Home | Unit one | Unit two | Unit three | Unit four | Unit five | Unit six | Unit seven | Unit eight | References | Site administrator: Barbara Heywood MD. Copyright © 2014 All rights reserved.

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