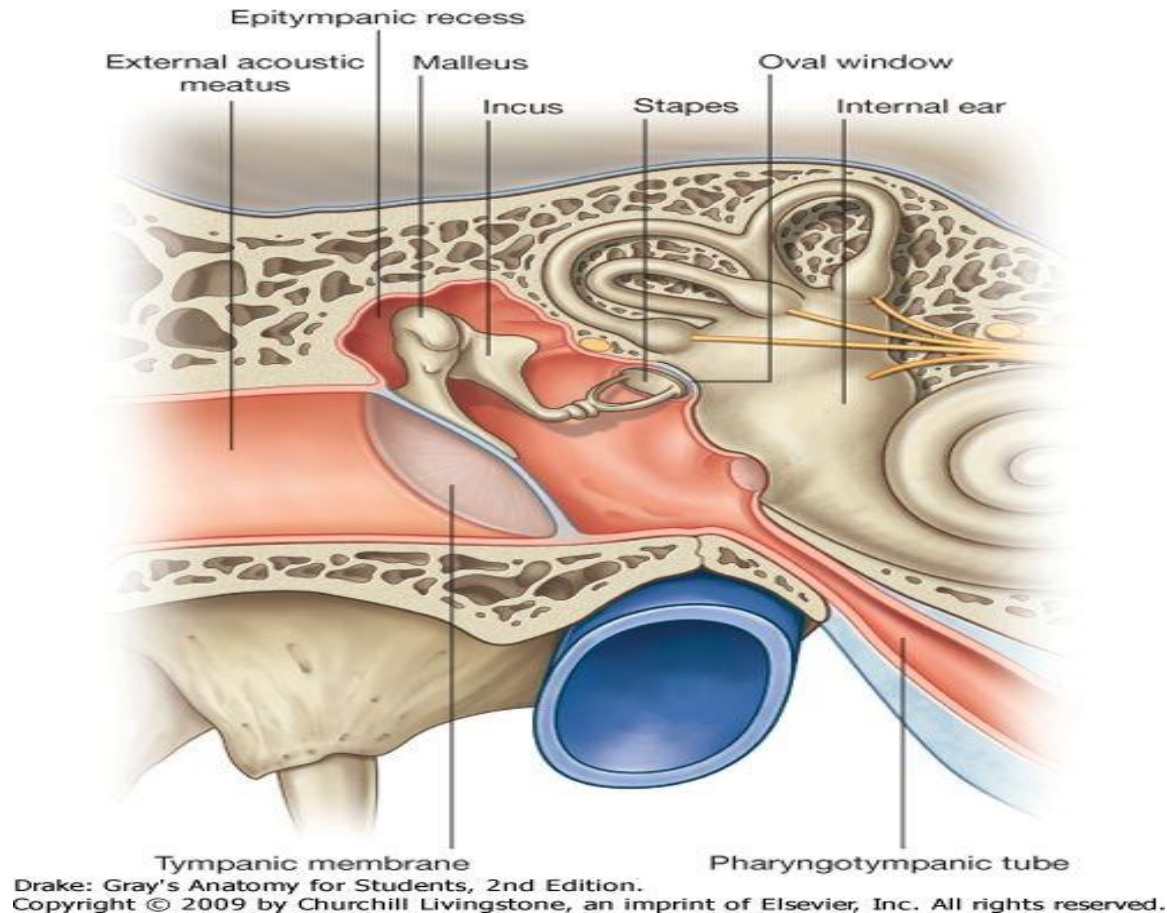


Chronic Otitis Media



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Introduction

- If an attack of acute otitis media fails to heal, the perforation and discharge may in some cases persist
- leads to mixed infection
- Will lead to further damage the middle ear structures and worsen the conduction deafness



Types of Chronic Otitis Media

- Tubotympanic disease

Due to trauma or infection

This will cause perforation of the tympanic membrane which will repair spontaneously

But may cause chronic perforation

Not a serious condition



- **Atticoantral disease**

May be due to poor Eustachian tube

Function

It may associate with osteomyelitis of the ear bones

May cause some serious complications rather than tubotympanic disease



Aetiology

- Late treatment of acute otitis media.
- Inadequate or inappropriate antibiotic therapy.
- Upper airway sepsis
- Lowered resistance
 - Malnutrition
 - Anaemia
 - Immunological impairment



- Virulent types of infections such as measles
- Trauma to the ear as well as the skull bones involving the ear cavity



Complications

- Conductive hearing loss
- Intra cranial complications
 - Such as meningitis as well as encephalitis
 - These are very rare complications
- Spreading the infection to the bones causing bone infections such as osteomyelitis



- Facial nerve palsy

Again rare complication particularly in the Atticoantral disease variant

- Mastoiditis

- Abscess

Extradural

Subdural

Intracerebral



Management

- Depend on the type of the Chronic otitis media
- Tubotympanic disease is not that much serious as mentioned above.
- So that it can be managed by both non invasive and invasive methods
- Whereas atticoantral disease Is needed some serious consideration since it can cause complications

Treatment of Tubotympanic Variant

- 2 Types of management options can be used to treat this variant
 - ✓ Swab culture of ear discharge and clean the cavity with aural toilet
 - ✓ Surgical treatment for dry perforation of the membrane



Aural toilet for Ear Discharge

- When the ear is discharging, a swab should be sent for bacteriological analysis
- mainstay of treatment is thorough and regular aural toilet
- Appropriate (as determined by the culture report) antibiotic therapy
- If infection persists and perforation not healed, look for chronic nasal or pharyngeal infection

Myringoplasty for Dry Perforation

- When there is a dry perforation, surgery may be considered but is not mandatory
- Myringoplasty is the repair of a tympanic membrane perforation
- the tympanic membrane is exposed by an external incision, the rim of the perforation is stripped of epithelium and a graft is applied, usually on the medial aspect of the membrane

- Autologous temporalis fascia is used as a graft material
- Success rates for this procedure are very high
- Repair of the tympanic membrane may be combined with ossicular reconstruction only if necessary in order to restore hearing the operation is then referred to as a tympanoplasty



Management of Atticoantral disease

- Regular aural toilet in early cases of annular osteitis may be adequate to prevent progression
- Suction toilet under the microscope may evacuate a small pocket of cholesteatoma
- Mastoidectomy is nearly always necessary in established cholesteatoma



THANK YOU

