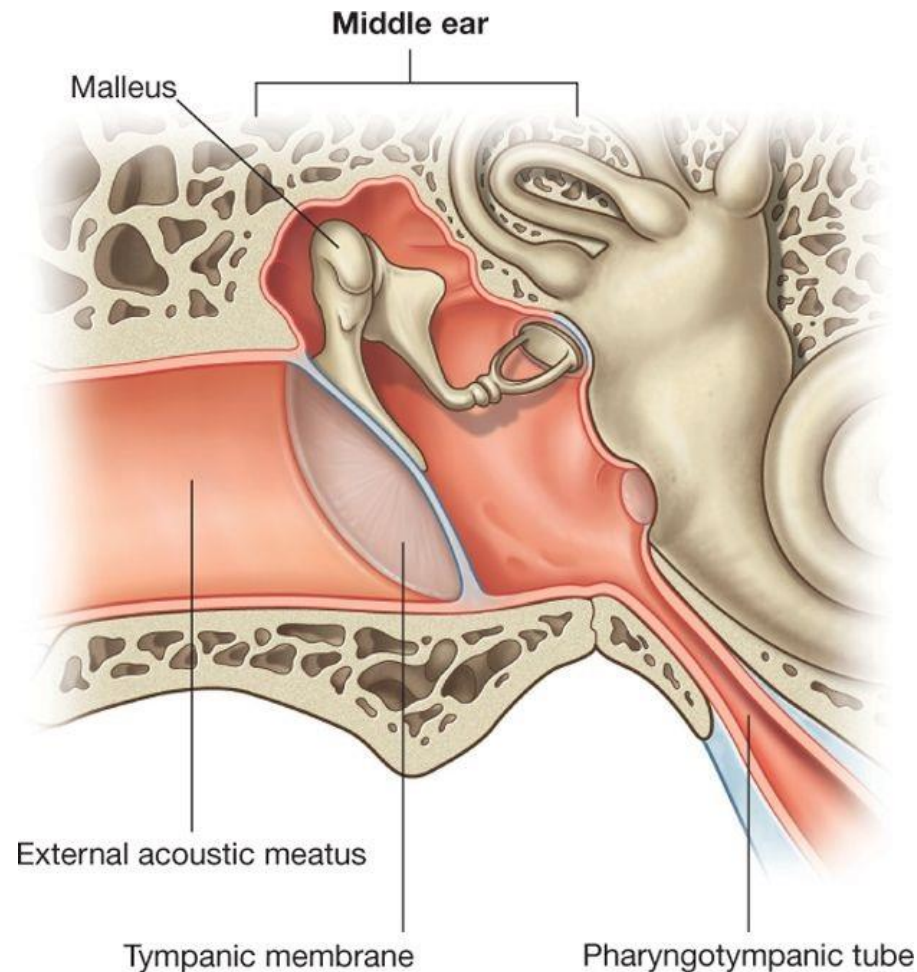


# Acute Suppurative Otitis Media



Drake: Gray's Anatomy for Students, 2nd Edition.

Copyright © 2009 by Churchill Livingstone, an imprint of Elsevier, Inc. All rights reserved.



**RISH**ACADEMY

educate yourself to empower yourself

[www.rishacademy.com](http://www.rishacademy.com)

# Introduction

- Acute inflammation of the middle ear cavity
- Most of the time this is bacterial
- Frequently it is bilateral
- Often this is followed by upper respiratory tract infection



# Epidemiology

- Extremely common in children [ 3 – 18 months ]
- This may be due to Eustachian tube block
- In adults this is not common as in children



# Pathology

- Occurs due to an infection of the lining of the middle ear
- It involves the tympanic cavity, mastoid antrum, eustachian tube and air cells
- Commonly this bacterial infection but rarely viral

# Responsible Organisms

- *Streptococcus pneumoniae*
- *Haemophilus influenzae*
- *Moraxella catarrhalis*
- Group A *Streptococci*
- *Staphylococcus aureus*



# Sequence Of Events In Otitis Media

- Organisms invade mucous membrane causing inflammation and exudation
- This oedema will block the eustachian tube drainage
- Pressure inside the cavity will be raised and it will appear with bulged membrane

- Later the tympanic membrane necrosis is occurred and it leads to perforation
- This leads to continues drainage of the ear until the condition is improved



# Predisposing Conditions For Acute Otitis Media

- Common conditions
  - Common cold
  - Acute tonsillitis
  - Influenza
  - Whooping cough





- Other uncommon conditions
  - ✓ Sinusitis
  - ✓ Haemotympanum
  - ✓ Trauma to tympanic membrane
  - ✓ Temporal bone fracture



# Symptoms

- Ear ache

Slight pain in mild cases, But in severe forms they may complain throbbing type pain. Children may cry and inconsolable

- Deafness

Conductive deafness associated with tinnitus



# Signs

- Fever
- Ear tenderness

Some tenderness to pressure on  
mastoid antrum

- Bulging of the ear drum



# Associated Other Conditions

- Mastoiditis

Because mastoid air cells freely connected with middle ear cavity

- Meningitis



# Management

- Antibiotics
- Analgesics
- Nasal vasoconstrictors
- Ear drops ( Usually not useful )
- Surgical management for bulging



# Antibiotics

- Penicillin is the drug of choice
- Amoxicillin can be used when there is no rapid response for penicillin
- Ideally given by injection and then oral
- Co amoxyclove is useful for *Moraxella cattarhalis*

# Myringotomy

- This is necessary when bulging of the tympanic membrane persists despite of antibiotic therapy
- Under general anaesthesia
- Pus will be drained and sent for culture



*THANK YOU*



**RISH**ACADEMY  
educate yourself to empower yourself

[www.rishacademy.com](http://www.rishacademy.com)