

Classification Of Otitis media

1-suppurative = acute suppurative otitis media {ASOM}

Chronic suppurative otitis media{CSOM}

2-non-suppurative otitis media=acute

Chronic

3-specific otitis media=tuberculous otitis media

Syphilitic otitis media

4-adhesive otitis media {tympanosclerosis}

Chronic suppurative otitis media :-

Definition= Its chronic inflammatory processes in the middle ear cleft which have common symptoms as long standing painless aural discharge and some degree of deafness they are grouped into two main clinical types Tubotympanic {safe type} and Atticoantral {un safe type} or dangerous type .

Pathology of chronic supp. Otitis media :-

1-tubotympanic (safe type): The inflammatory reaction limited to mucosa of the middle ear cleft , there's no bony

erosion of the middle ear cleft with central type of tympanic membrane perforation

2-Atticoantral (unsafe type) :The inflammatory reaction extended via preosteome of the bone lead to bony erosion of the tympanic bone and to the vital structure around middle ear cleft , the T.M perforation is marginal type or attic type , there's one or two important pathology can be found granulation tissue with or without cholesteatoma

Cholesteatoma:- Its skin within middle ear cleft , its not tumour but usually form a cystic mass and the keratin within the cyst is continuously desquamated to form central mass and the basal layer of the skin on the outside of cholesteatoma sac .

Types of cholesteatoma : 1-congenital type

2-primary acquired type

3-secondary acquired type

Theories of pathogenesis of acquired type are :-

1-Congenital cell rests , not commonly accepted but we are suspected when see chol. Behind normal T.M.

2-Metaplasia , of the middle ear mucosa due to chronic irritation

3-Invasion , most accepted theory so the skin from the meatal wall of the outer drum surface invade middle ear via posterior marginal perforation or attic perforation .

4-Immigration , the basal cell of germinal layer of skin invade the submucosal connective tissue of middle ear and that produce chol . sac .

5-Invagination , the chronic negative middle ear pressure forming retraction pocket of the drum lead to accumulation of desquamated skin cellin side the pocket lead to chol . formation .

Clinical picture of CSOM :-

The principal symptoms of CSOM are chronic purulent otorrhoea coming from perforated drum or retracted pocket of the drum , Deafness mostly conductive type , those sytoms quantity and quality depend on the type of CSOM (safe or unsafe)

Safe CSOM the otorrhoea is more mucoid and less likely to be offensive, but when suppuration is of unsafe type the pus is scanty in amount , thick in consistency and foul smell .

The deafness of safe type is mild to moderate conductive deafness but in unsafe CSOM the deafness more profound

due to may be association with erosion of ossicles with or without sensory neural deafness .

The change in the character of the discharge as increase in amount , became foul smell , blood-staining , appearance of aural polyp , otalgia or headach and vertigo often indicate complication of CSOM need urgent management .

Treatment of CSOM =

Aim of treatment:-1-Arrest the disease .

2-Recovery of ear function .

Medical treatment ofCSOM:-

The degeneration , destruction and fibrosis are processes with chronic infection , together with granuloma and polyp formation lead to be more resistant to the topical and paranteral medication , which mostly used in safe type of CSOM .

The local application of antibiotic is unsuitable for those with

1-complication .

2-chlesteatoma .

3-aural polyp or granulation tissue obstructing the ext .
meatus

The local treatment usually started with aural toilet by suction or dry mopping , the ear drops should be applied by the displacement method (pushing the tragus of the ear inside ext

Aud . canal when its filled with drops) .

The ear drop mostly contain antibiotic against gram negative micro-organisms as gentamicin with steroid and antiseptic (spirit).

Systemic antibiotic , mostly used gentamicin , cloxacillin and flagyl(for anaerobic)

Surgical treatment :-mostly used with

1-unsafe type of CSOM .

2-failure of medical treatment .

3-presence of aural polyp , granulation tissue and cholesteatoma .

Aim of surgery : 1-To render the disease more safe by removing necrotic bone , polyp , granulation tissue , cholesteatoma if present to prevent extension of the disease to vital structures.

2-Prevent further deterioration of ear function .

3-To stop ear discharge permanently .

4-To treat the complication of CSOM .

The surgical treatment ranging from aural polypectomy to different types of mastoid and other middle ear surgery (mastoid exploration with middle ear reconstructive surgery) .

Types of mastoid surgery :-

1-Cortical mastoidectomy (simple mastoidectomy) exploration of mastoid air cells via post . auricular incision .

2-Radical mastoidectomy - When the disease of CSOM is extensive (removal of all middle ear structure a parte from stapes, exploration and exteriorization of mastoid air cells via wide meatoplasty) .

3-Modified radical mastoidectomy(removal of diseased tissue with conservation of normal middle ear tissue to preserve ear function by forgather reconstructive middle ear surgery .

The mastoid surgery is to converted closed disease area with high incidence of complication to open cavity which easy to follow up .