

④

Chronic Suppurative Otitis Media.

long standing infection of a part / whole part of the middle ear cleft characterized by ear discharge & a permanent perforation.



Tubotympanic

- * Safe/benign type. Involves anteroinferior part of middle ear cleft.
- ii mesotympanum
- eustachian tube
- + central perforation.

Atticoantral

- * Unsafe / Dangerous type. Involves Posterosuperior part of middle ear cleft.
- ii attic
- antrum
- mastoid.
- + attic / marginal perforation.

% Aetiology.

- * Following AOM with fever & central perforation.
 - Ascending inf via eustachian tube
 - Persistent otorrhea is sometimes the result of allergy to ingesta.
 - milk, egg, fish etc.

- * mainly caused by eustachian tube dysfunction leading to pars flaccida retraction and cholesteatoma formation.

C/F.

* Ear discharge: non offensive,
mucoid/mucopurulent
is constant/intermittent.
usually @ VRTI / contact with
water

* Hearing loss: conductive
type (sometimes > 50 dB)

- paradoxical effect (hears
better with discharge than
dry).

* Perforation: central.
ant, post, inferior.
small / med / large.

• Middle ear mucosa
seen when perforatⁿ
is large - pale pink &
moist.

if inflamed - red, edematous,
swollen.

polyps sometimes.

* Ear discharge: scanty
but foul smelling due
to bone destrucⁿ.
total cessatⁿ of discharge
from an ear (obstructⁿ
to flow).

* Hearing loss: mostly
conductive but
sensorineural also.
- May deteriorate after
surgery when cholesto
ma is removed.

* Perforatⁿ attic /
posterosuperior.
- granulation
sometimes.

* Bleeding: may occur
from granulatⁿ
tissue / polyps during
cleaning.

* Retractⁿ pocket (I, II, III)
marginalⁿ of T membrane

* Cholesteatoma.

Assessment

- * Microscope: info about granulation, ingrowth, adhesions, sclerosis.
 - Hidden discharge of dry ear found
- * Audiogram.
 - Hearing loss degree.
- * Culture & sensitivity of E. discharge to select antibiotics or ear drops.
- * Mastoid X Rays & High resolutⁿ CT scans Temporal Bone.

Treatment

- * Aural toilet.
- * Ear drops with ciprofloxacin.
 - + steroids (anti-inflamm)
- * Systematic antibiotics
- * Preventⁿ (wax)
- * Do not contributing causes.

- * Microscope: cholesteatoma, site, extent, bone destruction, granulation, discharge.
- * Tuning Fork test & Audiogram: preoperative + confirmatⁿ of degree and type of hear loss
- * Culture & sensitivity.
- * X-ray Mastoid-CT: temporal bone destruction degree, Mastoid pneumatization degree

- * Conservative to managing cholesteatoma.
- * Surgical (*)
 - canal wall down procedure
 - canal wall up. "

x Surgical Rx
Drain/granulation
-local Rx (antibio)
ear toilet + drops

x Reconstructive Surgery
dry ear $\rightarrow$ Myringoplasty
with/without ossicular
reconstruction.

x Reconstructionⁿ
myringoplasty/
tympanoplasty

⑤

Tubercular Otitis Media

2° to pulmon TB (mostly) or blood borne.

Painless ear discharge + multiple perforatⁿ + severe
hearing loss + Facial paralysis