

Chronic otitis media

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Chronic otitis media (COM) is a persisting (at least 2 weeks to 3 months) abnormality of the tympanic membrane from previous recurrent AOM and/or OME. It is classified as active (i.e. inflammation and pus present), inactive (potential to become active) or healed (no potential to become active). Active and passive are then further subclassified as mucosal or squamous (Figure 51.22). Active mucosal COM implies a perforation with otorrhoea (ear discharge) due to inflamed middle ear mucosa with or without granulation tissue. Inactive mucosal COM implies a dry perforation without inflammation. Surgery in the form of tympanoplasty (repair of the perforation) is indicated in patients with recurrent infection (to reduce symptoms of otorrhoea and prevent further deterioration of the hearing due to the ototoxic effects of infection) and where there is a likelihood that it will restore hearing in the operated ear to 30 dB or better or to within 15 dB of the contralateral ear (this is known as the Belfast rule of thumb). Active squamous COM is otherwise known as acquired cholesteatoma. This represents a quarter of all active COM with an incidence of 1/10 000. It usually presents with persistent otorrhoea and hearing loss as a result of keratinising - squamous epithelium within the middle ear. The cholesteatoma - matrix destroys the structures in its path through the release of lytic enzymes , inflammatory mediators and pressure necrosis. If left, there is a risk of all the complications attributable to AOM. The lifetime risk of intracerebral abscess is 1/200 in a 30-year-old patient. The recommended treatment is mastoid surgery using a drill under microscopic or endoscopic guidance to access and remove the cholesteatoma. Often the ossicles are involved or eroded so an ossiculoplasty (to restore hearing by reconstructing the ossicular chain) may be performed at the same time.

media Active Inactive Mucosal: Squamous: Mucosal: Squamous: dry retraction/ discharging cholesteatoma perforation atelectasis perforation Figure 51.22 Classification of chronic otitis media.

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