Prospects For Comprehensive Treatment Of Recurrent Supulative Otitis Media In Children

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ABSTRACT

Purpose of the study is to study the etiology, pathogenesis, features of the clinical course of recurrent purulent otitis media in children and evaluate the effectiveness of complex treatment.

Keywords: Etiology, Pathogenesis

Relevance of the work. One of the common acute purulent-inflammatory diseases of the middle ear in children is recurrent purulent otitis media. Recurrent suppurative otitis media in children is very common in both hot and cold climatic countries of the world and has been in the constant attention of researchers for a long time, so there is a lot of information in the literature [1, 2, 5, 8].

Recurrent purulent otitis media in children accounts for 0.7-1.5% of all diseases of the ENT organs, 25-30% of all otitis media in children and is most often found in young children. Scientific studies show that 90% of children under 3 years of age may experience acute otitis media at least once in their lives [3, 4, 6, 7].

The main causes of the disease are premature birth, epidemics of acute respiratory infections among children, a tendency to family allergies, artificial nutrition, low immunity, negative factors in everyday life and work, exudative diathesis, rickets, vitamin deficiency [2, 3].

In the pathogenesis of recurrent purulent otitis media in children, swelling of the nasal mucosa, enlargement of the adenoid gland, enlargement of the inferior nasal turbinates and palatine folds due to inflammation cause disruption of the conductivity of the auditory tube, and as a result, negative pressure is created in the tympanic cavity, resulting in increased vascular permeability, in transudate collects in the tympanic cavity, and as a result of the addition of bacterial and other microflora, symptoms of inflammation appear [2, 3, 7, 8].

It is known that in the treatment of recurrent purulent otitis media in children, antibiotics, nasal vasoconstrictors, antihistamines, ear drops and, if necessary, anesthetics are used. Despite this, rapid relapses and complications of the disease are observed. This shows the importance of a differentiated approach in treating the disease.

Purpose of the study— to study the etiology, pathogenesis, features of the clinical course of recurrent purulent otitis media in children and evaluate the effectiveness of complex treatment.

Research methods and materials. The examination involved 42 children under the age of 5 years who were being treated in the ENT department of the regional multidisciplinary children's medical center. There were 24 boys and 18 girls. It was found

that the disease was unilateral in 28 patients, bilateral in 14 patients.

All patients underwent a comprehensive clinical and laboratory examination (otoscopy, rhinoscopy, rhinoendoscopy, pharyngoscopy, radiography of the paranasal sinuses, tympanometry). Moreover, all patients were consulted by a pediatrician and other necessary specialists.

Microscopic examination of a smear from the ear revealed an increased content of aerobic microbes (Streptococcus pyogenes - 12%, Staphylococcus aureus - 8%, Haemophilus influenzae - 32%, Streptococcus pneumoniae - 28%), fungi (Aspergillus - 8%, Candida -7%, Mucoraceae -3%, monosporium -2%).

It was found that 24 of the examined patients had acute rhinosinusitis, adenoids, 10 had acute respiratory diseases, pneumonia, acute bronchitis, and 8 had exudative diathesis.

Survey results. When examining children in the clinic, it was observed that the disease often begins with the absence of pain in the ear, without an increase in body temperature, and then the appearance of weeping, odorless, mucopurulent discharge from the ear begins. In all examined patients, the otoscopic picture corresponds to the clinical picture of acute inflammation. Redness, infiltration, swelling and bulging of the eardrum were detected. During rhinoscopy, purulent mucous discharge in the nasal cavity, hypertrophy of the nasal turbinates and difficulty breathing through the nose were observed. At the same time, the child was found to be restless, have a low-grade fever, and an increase in the amount of ESR in the blood test. A reduction of 10-20 dB was observed by hearing aid type.

Therapeutic measures for recurrent purulent otitis media consisted of a number of measures. The main one was to ensure the removal of pathological discharge from the middle ear; it was cleaned of purulent discharge daily, the nasal cavity was instilled with a 0.05% solution of Nazivin and washed with antiseptic solutions (1:5000 furatsilin, 1% dioxidine) according to the Proetz method. A local antibiotic (ciprofloxacin) and antiseptic steroid mixtures (dioxidine + hydrocortisone + adrenaline) were injected into the middle ear through the external auditory canal. All sick children underwent physiotherapeutic procedures (microwave, UHF, ultraviolet irradiation, nasal and endoaural).

Adenotomy was performed in 23 patients with hypertrophy of the nasopharyngeal tonsil. After treatment, all patients examined experienced a significant decrease in clinical symptoms. On the 2-3rd day of treatment, swelling of the mucous membranes of the nose and nasal discharge decreased, nasal breathing improved, and discharge from the ears stopped. On the 5-7th day of the disease, the redness on the eardrum disappeared and the perforation healed. Hearing was completely restored in all patients.

As a result of general complex treatment, 40 patients were completely cured. Only in 2 patients was there a transition of the process into a chronic form of the disease.

Conclusion. Thus, recurrent otitis media is a disease with complex pathogenetic factors that requires an integrated approach to treatment and diagnosis, research into prevention methods taking into account etiological and epidemiological factors. The creation of new treatment methods based on advanced technologies and their introduction into clinical practice can significantly improve the results of treatment of this disease.

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