CHRONIC SUPPURATIVE OTITIS MEDIA

PROF ARJUN DASS
DEPT OF ENT & HEAD NECK SURGERY
GMCH-32, CHANDIGARH
CHRONIC SUPPURATIVE OTITIS MEDIA

CSOM is a long standing infection of a part or whole of the middle ear cleft, characterized by ear discharge and a permanent perforation. (A perforation becomes permanent when its edges are covered by squamous epithelium)
Epidemiology

Incidence is very high in India.

5% of total population at a time has discharging ear.

Poor population – increased incidence.

Most common cause of preventable deafness.
TYPES OF CSOM

Tubotympanic (Safe)

Atticoantral (Unsafe)
Tubotympanic (Safe)

Disease is confined to mucosa of middle ear.

Central perforation.

Usually no risk of complication.
Atticoantral (Unsafe)

Associated with *cholesteatoma* or granulations causing bone erosion.

Attic or marginal perforation.

Risk of complication is high.
**CLINICAL FEATURES**

### TUBO TYMPANIC
- **Ear Discharge** – Non offensive Profuse, Mucoid or mucopurulent.
- **Hearing loss** usually conductive And mild to moderate
- **Perforation** – always central
- **Retraction pocket or cholesteatoma** is not present.
- **Bacteriology** – Gram +ve cocci usually
- **Complications** – rare

### ATTICO ANTRAL
- **Scanty, purulent, foul smelling**
- **Moderate to severe, mixed also**
- **Attic perforation or marginal perforation.**
- **Retraction pocket or cholesteatoma** is usually seen.
- **Pseudomonas, Proteus, E-Coli Staph aureus Anaerobes**
- **Common**
INVESTIGATIONS

- PURE TONE AUDIOMETERY
- CULTURE SENSITIVITY
- X RAY MASTOIDS
TUBOTYMPANIC TYPE

• Aural Toilet
  Remove all discharge from ear
  Instruct patient to keep ear dry

• Ear Drops
  Antibiotics (Neomycin, Gentamycin, Ciproflox, Chlormycetin) + Steroid
  3-4 times/day
  Acetic acid irrigation

• Systemic Antibiotic
  Used only during acute exaorbtion (Amoxycillin, Ciprofloxacin)
SURGERY

• Myringoplasty + Ossicular reconstruction (when ear is dry)
ATTICO ANTRAL TYPE

• Medical management has limited role.

• Surgery is the mainstay of treatment
AIM OF SURGERY

• To eliminate the disease and obtain a safe dry ear.

• To improve or preserve the hearing mechanism.
TYPE OF SURGERY

• **Canal-wall-down procedures**
  – Atticotomy
  – Modified radical mastoidectomy
  – Radical mastoidectomy

• **Intact-canal-wall procedure**
  – Cortical mastoidectomy
  – Combined approach tympanoplasty
OT SET UP

- T.V. MONITOR
- HIGH-RISE CART
- BOVIE
- MICRO BIPOLAR
- NIM VII MONITOR
- WARMING BLANKET
- SUCTION
- RN-BED CONTROLS
- ANESTHESIOLOGIST
- MAYO
- RN SCRUB
- MICROSCOPE
INFILTRATION & INCISION

Auricular br. of auriculotemporal n.
Auricular br. of vagus n.
Tympanic br. of auriculotemporal n.

Great auricular n.
INTACT-CANAL WALL PROCEDURE
Fig. 8.33: Delineation of the ‘gastric ridge’ (DR) with exenteration of...
THE IDEAL MASTOID CAVITY

- Small cavity
- Well saucerised
- Adequately lowered facial ridge
- Anterior and posterior buttresses removed
- No sharp edges
- Adequate Meatoplasty
- Intact tympanic membrane
POST OP CARE

- Mastoid dressing removal day 1
- Pre and post op antibiotics for about a week
- Suture removal at 6\textsuperscript{th} day
- Pack removal at 1 week
- Thereafter pack at weekly intervals or leave unpacked with regular suction
- Regular follow up till epithelisation till about 2-3 months
- Periodic follow up every 4-6 months for 1 year, then yearly
- Granulations; if any to be managed by cautery
COMPLICATIONS

Abscess formation
- Post Aural abscess
- Bezold
- Lucs
- Citelli
- Subdural abscess
- Temporal lobe abscess
- Cerebellar abscess

- Acute mastoiditis
- Labyrinthitis
- Facial nerve palsy
- Petrositis
- Lateral Sinus Thrombosis
- Otitic Hydrocephalus
THANK YOU