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A STUDY ON CLINICAL PROFILE OF PATIENTS WITH CSOM ATTENDING TERTIARY CARE HOSPITAL

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ABSTRACT

Background: Proper management of COM is significant because it is an important cause of middle ear disease. Hearing loss and otorrhea are common manifestations.

Materials and methods: A total 100 patients diagnosed with CSOM attending the ENT OPD of Department of ENT and Head & Neck Surgery, SMGS Hospital, Jammu from January 2019 to January 2020 were retrospectively analysed. Patients fulfilling the selection criteria were included in the study after taking informed consent. All the patients in the study were clinically evaluated by taking detailed history and clinical examination. Broad spectrum antibiotics were given to dry up the ear discharge and dry aural toilet was done to remove debris from the ear canal. Otomicroscopy was performed following which Septic foci in the nose or in the throat were treated as out patients if infection present. Pre-operative PTA was done and Routine blood and urine analysis was also done.

Results: Out of 100 patients in the study, 56 were females and 44 were males. The age range was 15-54 years. The overall average age was 32.5 years. In females it was 33.4 years whereas in males it was 28 years. 85% were in the age range of 25-55 years. Maximum patients i.e. 38% were in the age group of 25-35 years.64 patients had central perforation. 16 patients presented with attic perforation whereas 20 patients presented with marginal perforation. 64 patients were classified as safe type of CSOM whereas 36 patients were classified into unsafe type of CSOM.

Conclusion: Early management of CSOM is necessary to prevent complications.

KEYWORDS

CSOM, safe, unsafe.

INTRODUCTION

Chronic otitis media (COM) is defined as infection of the middle ear cleft of long standing duration.[1]The condition is considered "chronic" if the tympanic membrane defect is present for more than 3 months. COM is characterized by intermittent or persistent chronic purulent drainage through a perforated tympanic membrane and can be associated with cholesteatoma.[2]

Clinically, CSOM is classified as under:

1. Tubo tympanic with permanent defect in pars tensa
2. Attico antral variety with cholesteatoma and inflammatory debris.[3]

In most cases of COM treated surgically, the post-operative bone conduction thresholds are same as those found preoperatively. However over closure of the AB gap which is seen in stapes surgery has been found following tympanoplasty.[4]

Proper management of COM is significant because it is an important cause of middle ear disease. After complete history, thorough clinical examination, the disease is diagnosed. The persistent infection and resultant inflammatory responses are tackled with effective pharmacotherapy.[5,6]

Audiological assessment done by pure tone audiometry for air and bone conduction in order to evaluate and document.[7]

1. The degree of hearing loss
2. Type of hearing loss
3. To determine the air bone gap

MATERIALS AND METHODS

A total 100 patients diagnosed with CSOM attending the ENT OPD of Department of ENT and Head & Neck Surgery, SMGS Hospital, Jammu from January 2019 to January 2020 were retrospectively analysed. Patients fulfilling the selection criteria were included in the study after taking informed consent. All the patients in the study were clinically evaluated by taking detailed history and clinical examination including TFT, as per the proforma. Broad spectrum antibiotics were given to dry up the ear discharge and dry aural toilet was done to remove debris from the ear canal. Otomicroscopy was performed following which Septic foci in the nose or in the throat were treated as out patients if infection present. Pre-operative PTA was done and Routine blood and urine analysis was also done. Patients were then subjected to middle ear cleft surgery under GA or LA and post-operative PTA was recorded after 3 months.

Inclusion criteria

An inclusion criterion was all unilateral and bilateral cases of CSOM.

Exclusion criteria

Exclusion criteria were all ASOM, otosclerosis, tympanosclerosis, adhesive otitis media, congenital hearing disorder, CSOM with mixed or sensory neural hearing loss (SNHL), hearing loss due to serous otitis media; patients below 15 years and above 55 years of age.

OBSERVATIONS AND RESULTS:

100 patients were included in the study

Age and Sex distribution of patients:

Out of 100 patients in the study, 56 were females and 44 were males. The age range was 15-54 years. The overall average age was 32.5 years. In females it was 33.4 years whereas in males it was 28 years. 85% were in the age range of 25-55 years. Maximum patients i.e. 38% were in the age group of 25-35 years.[Figure 1, Figure 2]

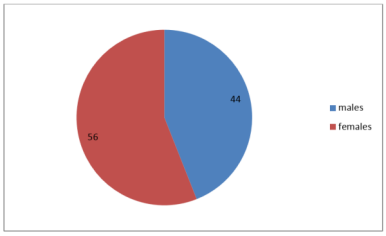

Figure 1: Gender wise distribution of patients.

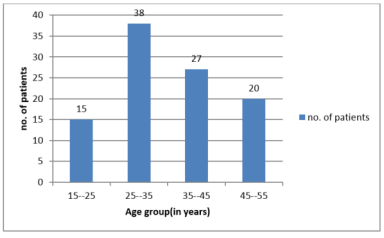

Figure 2: Age wise distribution of patients.

Type of CSOM

64 patients were classified as safe type of CSOM whereas 36 patients were classified into unsafe type of CSOM.[Figure 3]

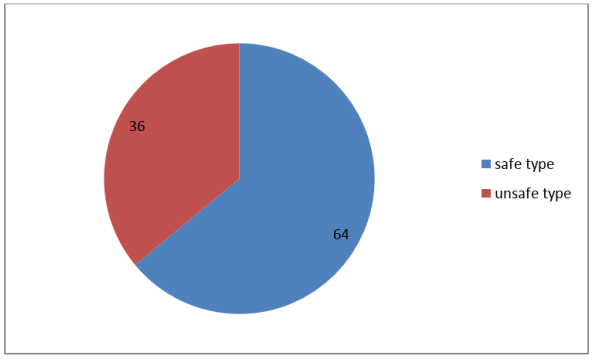

Figure 3: Distribution of patients according to type of CSOM.

Site of perforation

64 patients had central perforation. 16 patients presented with attic perforation whereas 20 patients presented with marginal perforation.[Figure 4]

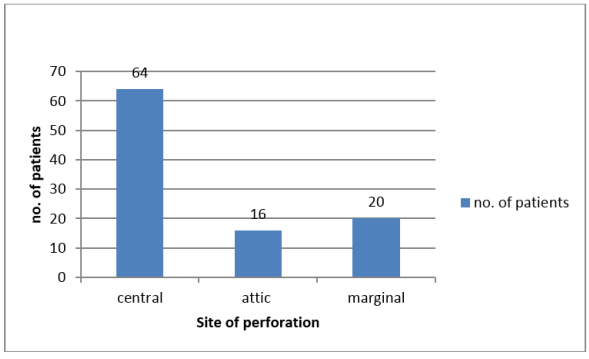

Figure 4: Site of perfoartion.

DISCUSSION

Patients fulfilling the selection criteria were included in the study after taking informed consent. After requisite pre–op evaluation, we treated 100 patients, with various types of tympanoplasty procedures. The mean age of our patients was 32.5 years, ranging from 15 years to 54 years; In females it was 33.4 years whereas in males it was 28 years. 85% were in the age range of 25-55 years. Maximum patients i.e. 38% were in the age group of 25-35 years. Out of 100 patients in the study, 56 were females and 44 were males. 64 patients were classified as safe type of CSOM whereas 36 patients were classified into unsafe type of CSOM.

64 patients had central perforation. 16 patients presented with attic perforation whereas 20 patients presented with marginal perforation. In this study the size and location of the perforation did not significantly affect the outcome of surgery; nor did the age have a bearing on the result.

Even today, four decades after its introduction, tympanoplasty continues to be a challenge to the otorhinolaryngologist. In our study, we achieved a success rate of 80% having a post-op ABG of less than 20 dB.

We examined a total of 100 patients with 56 females (56%%) and 44 males (44%). As sex is not a major risk factor in incidence of CSOM, almost equal predilection is seen in both sexes. Age is not a factor that alters the success rates of tympanoplasty. In our sample, there were no representatives from the geriatric and pediatric populations; therefore it is not possible to correlate age as a significant success factor for surgery.

64 cases in our study had a safe type of CSOM, while the other 36 cases qualified as unsafe type of CSOM. Studies show that with a minimum interval of three months without otorrhea, the surgery success rate increases to more than 30% when compared to the cases that underwent surgery in an infected site.[8-10]

CONCLUSION

Early management of CSOM is required to prevent the complications associated with CSOM.

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