

Otitis media

Infection of the middle ear is prevalent in young children. Although anyone can develop a middle ear infection, 75% of cases occur in children under 10. Infants between 6 and 15 months old are most commonly affected. It's estimated that around one in every four children will have had at least one middle ear infection by the time they are 10 years old.

Classification

Otitis media can be classified into [acute otitis media](#), effusive, and chronic suppurative forms. Their clinical presentations will vary based on the different symptoms. The treatment necessity will also vary based on classification.

Complications

Intracranial complications (ICCs) of OM, although uncommon, still occur. These cases require expensive, complex and long-term inpatient treatment and frequently result in hearing loss, neurological sequelae and mortality. It is important to be aware of this potentiality in children with chronic otitis media (COM), especially, and maintain a high index of suspicion in order to refer for otologic specialty care before such complications occur ¹⁾

Intracranial complications from otitis media can be quite devastating to the patient if an early diagnosis is not made. Patients may develop meningitis, venous sinus thrombosis or cranial nerve palsies, as well as [intracranial abscess](#). The presenting features in such cases may be subtle and include headache, nausea, vomiting, personality changes and signs of increased intracranial pressure as well as focal neurological deficits. Delay in the diagnosis of intracranial complications of otitis media can lead to improper treatment with increased morbidity and mortality ²⁾.

see [Otogenic brain abscess](#).

a retrospective analysis of 36 patients of chronic suppurative otitis media with a history of vertigo undergoing tympanomastoid surgery in whom there was evidence of labyrinthine fistula on HRCT scan of temporal bone. The incidence of patients with labyrinthine fistula presenting with vertigo, nystagmus, sensorineural hearing loss, history of vertigo were analysed. The anatomical location of the fistula was supported by Radiological evidence. Patients underwent either canal wall down mastoidectomy or cortical mastoidectomy. The anatomical site and length of the labyrinthine fistula were analysed. Amongst the 36 patients of chronic suppurative otitis media with labyrinthine fistula 22 (61.1%) patients had atticotympanic disease, 4 (11.1%) patients had chronic otitis media with extensive granulation, 2 (5.5%) patients had Tubotympanic disease with polyps, 4 (11.1%) patients had Tuberculous otitis media, 1 (2.77%) patient had Tubotympanic disease with extensive tympanosclerosis eroding the dome of lateral semicircular canal, 1 (2.77%) patient had extensive cholesteatoma with cerebellar abscess, 1 (2.77%) patient had fistula in the promontory following trauma, 1 (2.77%) patient had extensive tympanosclerosis with erosion of promontory. It was noticed that, in 14 (38.88%) patients the fistula was at the centre, in 17 (47.22%) patients the fistula is

towards the ampullary end of horizontal semicircular canal and in 5 (13.88%) patients the fistula was towards the non ampullary end of lateral semicircular canal. The maximum length of fistula noticed was 6 mm and the minimum length of the fistula noticed was 2 mm. Labyrinthine fistula are most commonly noticed in the ampullary end of the lateral semicircular canal. The average length of the fistula was found to be 4 mm. Careful elevation of the cholesteatoma matrix over the endosteal membrane and immediate placement of temporal fascia over the exposed fistula is important to avoid injury to the inner ear. Maximum number of fistula were seen in the atticotympanic type of Chronic suppurative otitis media. Prior knowledge of anatomical location of the fistulous tract in HRCT temporal bone is important to address the fistula ³⁾.

1)

Penido NO, Chandrasekhar SS, Borin A, Maranhão AS, Gurgel Testa JR. Complications of otitis media - a potentially lethal problem still present. *Braz J Otorhinolaryngol*. 2015 Sep 9. pii: S1808-8694(15)00133-0. doi: 10.1016/j.bjorl.2015.04.007. [Epub ahead of print] PubMed PMID: 26420564.

2)

Munz M, Farmer JP, Auger L, O'Gorman AM, Schloss MD. Otitis media and CNS complications. *J Otolaryngol*. 1992 Jun;21(3):224-6. PubMed PMID: 1404577.

3)

Prasad KC, Vyshnavi V, Abhilasha K, Anjali PK, Indu Varsha G, Prathyusha K. Labyrinthine Fistula-Our Experience at a Tertiary Hospital. *Indian J Otolaryngol Head Neck Surg*. 2022 Aug;74(Suppl 1):88-92. doi: 10.1007/s12070-020-01857-2. Epub 2020 Apr 17. PMID: 36032823; PMCID: PMC9411445.

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