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RESULTS OF SURGICAL TREATMENT OF PATIENTS WITH CHRONIC PURULENT OTITIS MEDIA

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Abstract. Chronic purulent otitis media (CPOM) is a general term for a group of diseases characterized by chronic inflammation of the mucous membrane of the middle ear, a defect in the eardrum, purulent discharge from the ear during exacerbations and the development of hearing loss. This condition leads to a significant deterioration in the quality of life of patients, disability and disability due to the duration of exacerbations, decreased hearing acuity and a high frequency of intra- and extratemporal complications. The high social significance of CPOM is due not only to these factors, but also to the significant financial costs of providing the treatment process with equipment and supplies, training highly qualified personnel, as well as improving existing methods of surgical rehabilitation. In addition, the increase in the number of patients with chronic ear diseases places an additional burden on the health care system, which underscores the importance of developing new and more effective treatment methods.

Keywords: tympanoplasty, chronic otitis media, eardrum.

Introduction. The main method of treatment of patients with chronic purulent otitis media is tympanoplasty, a surgical intervention aimed at sanitizing an inflammatory focus in the cavities of the middle ear and reconstructing the mechanism of sound conduction [2]. The main problems associated with the sanitizing stage of the intervention have now been solved, leaving room for discussion in choosing a specific technique — open, closed or semi-open with options for plastic surgery of the parathympanic spaces. It has been proven that the preservation or reconstruction of the posterior wall of the external auditory canal avoids the development of the operated ear disease and less often the patient seeks medical help for an ear toilet [1,3]. At the same time, when conducting meta-analyses and systematic reviews examining the superiority of a particular surgical technique in terms of the frequency of postoperative suppuration and recurrence of cholesteatoma, the differences between them are determined to be insignificant [4-8]. The frequency of development of residual cholesteatoma in obliterated spaces and recurrent cholesteatoma in the formed tympanic cavity does not allow us to identify closed and semi-open variants of the sanitizing stage as a universal method of choosing surgical treatment.

Results. The revision of the tympanic cavity in all patients was not accompanied by a bone stage. The formation of the neotimpanal membrane was carried out using an autofascial graft supported from the side of the tympanic cavity by fragments of the GelSponge sponge placed in it.

Postoperative management of patients was carried out according to the standard.

All patients were operated on for the first time, an ear approach was performed in all patients, mastoidectomy was not performed for any of the patients, as a result,

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reconstruction of the external auditory canal and obliteration of the mastoid process were not performed, the bone canopy over the anvil-stapes joint was removed for all patients to ensure access to the structures of the middle ear, plastic surgery was performed either total or subtotal perforation of the tympanic membrane, the chain of auditory ossicles was intact in all patients.

With a follow–up period of at least 12 months, a stable anatomical result in group 1 was achieved in 88% of patients, with structuring by subgroups - 92.2% in subgroup 1.1, 81.2% in subgroup 1.2, 82.5% in subgroup 1.3.

As the reasons for the unsatisfactory result, reperforation of the neotimpanal membrane was recorded in 15 patients, dislocation of the prosthesis of the auditory ossicles in 8 patients, and residual cholesteatoma (in the attic or retrotimpanum) in 3 patients.

Thus, the proportion of patients with residual cholesteatoma was 1.4%. Adjusted for the number of patients who had intraoperatively revealed signs of pathological epidermization of the tympanic cavity (35 patients), the proportion of patients with identified residual cholesteatoma was 3.8%.

The total percentage of dislocation of the prostheses of the auditory ossicles, adjusted for the total number of patients in subgroups 1.2 and 1.3 (subgroups with ossiculoplasty) was 7.5%.

The structure of unsatisfactory results in group 1 is presented in table 1.

Table 1

The structure of unsatisfactory results in group 1

	The reason for the unsatisfactory anatomical result	Subgroup 1.1	Subgroup 1.2	Subgroup 1.3	Group 1
<6 months after the intervention	Reperforation	4	2	1	7
	Dislocation of the prosthesis		3	1	4
	Residual cholesteatoma (attic)				
	Residual cholesteatoma (retrotimpanum)			1	1
TOTAL unsatisfactory results		9	10	7	26
	% % perforation of the neotimpanal membrane	8,5%	5,6%	4,4%	6,8%
	% dislocations of the prosthesis of the auditory ossicles		7,2%	6.3%	3,8%
	% of residual cholesteatoma		1,5%	4,2%	1,6%
	% of unsatisfactory results	8,1%	14,2%	15,8%	11%

Conclusion. It should be noted that in Group 1 patients, there were no cases of formation of retraction pockets, recurrent cholesteatoma, lateralization of the neotimpanal membrane or blunting of the anterior meattimpanal angle.

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