

Skuteczność tympanopunkcji w leczeniu dzieci chorych na wysiękowe zapalenie ucha środkowego

The efficacy of tympanopunction in children with OMS

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Summary

Introduction. Otitis media with effusion is the most frequent cause of conductive hearing impairment (HL) at pediatric age. This entity can be asymptomatic for an important period of time (silent OME). There is a surgical and a nonsurgical approach for OME. In case of failure of conservative treatment of OME the ventilation tube insertion (VT) with adenoidec-tomy alone or combined with tonsillectomy should be choosed. If the hearing loss is less than 20 dB children are candidates for conservative treatment and myringotomy. **Material and methods.** From 1999 to 2003, 50 children with bilateral and 9 with unilateral OME underwent the surgical treatment in our ENT Department. Mean age of patient population was 6,8 years. Clinical evaluation of the OME treatment outcome was done in 2004. Surgical procedure involved myringotomy, aspiration of the middle ear effusion, middle ear irrigation with soline solution 0.9 % Sodium Chloride (NaCl) followed by suction of diluted glue. Depo-Medrol (methylprednisolone acetate) was administrated into the middle ear. Our procedure included the management of the upper airways obstruction. **Results.** Good long-term outcomes after surgical treatment of OME were obtained in 30 patients (79%). In this group of children the upper airways management included adenoidectomy and partial tonsillectomy. 8 children presented poor response to the treatment. In this group the surgical procedure consisted of adenoidectomy and inferior turbinate reduction. Two children presented acute otitis media and improved after conservative treatment. Other children with poor outcome were: a boy who underwent multiple surgical procedures due to laryngotracheal stenosis, a girl who suffered from chondrodysplasia. Remaining two patients presented few months ago aggravation of conductive hearing loss. According to positive familial history they underwent allergical examinations. One boy was planned for readenoidectomy and laser myringotomy, a girl already operated at the age of tree years, was planned for ventilation tubes insertion and readenoidectomy in another ENT Department.