



Chronic suppurative otitis media 慢性中耳炎(英文)

Introduction

Chronic suppurative otitis media involves a perforation (hole) in the eardrum and active bacterial infection within the middle ear space for several weeks or more.

The reason of Chronic suppurative otitis media

CSOM is initiated by an episode of acute infection. The pathophysiology of CSOM begins with irritation and subsequent inflammation of the middle ear mucosa. The inflammatory response creates mucosal edema. Ongoing inflammation eventually leads to mucosal ulceration and consequent breakdown of the epithelial lining. The host's attempt at resolving the infection or inflammatory insult manifests as granulation tissue, which can develop into polyps within the middle ear space. The cycle of inflammation, ulceration, infection, and granulation tissue formation may continue destroying surrounding bony margins and ultimately leading to the various complications of CSOM.

Pseudomonas aeruginosa, *Staphylococcus aureus*, *Proteus* species, *Klebsiella pneumoniae*, and diphtheroids are the most common bacteria cultured from chronically draining ears. Some serious complications such as cholesteatoma or intracranial infection might occur if untreated.

Symptoms

When the middle ear becomes acutely infected by bacteria, pressure builds up behind the ear drum, usually but not always causing pain. In severe or untreated cases, the tympanic membrane may rupture, allowing the pus in the middle ear space to drain into the ear canal.

Diagnosis

1. The external auditory canal may or may not be edematous and is typically not tender.
2. The discharge varies from fetid, purulent, and cheese-like serous.
3. Granulation tissue is often seen in the medial canal or middle ear space.
4. The middle ear mucosa visualized through the perforation may be edematous or even polypoid, pale, or erythematous.

Treatment

1. Medical therapy: Selection of an appropriate antibiotic drop, regular aggressive aural toilet, and control of granulation tissue.
2. Surgical therapy: Surgical reconstruction of the damaged tympano-ossicular chain, including eradication of disease, reconstruction of the tympanic membrane and the sound transformer mechanism, and re-establishment of an aerated cavity.

Prevention

Patients should be advised to keep their ears dry to prevent future complications, even after medical treatment results in a safe and dry ear. Swimming is not contraindicated if patients dry their ears afterward.