Adenoidectomy and myringotomy in the management of otitis media in children

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Introduction: In children adenoid hypertrophy (AH) and otitis media with effusion (OME) are considered one of the most common ENT pathologies. Usually, AH causes nasal blockage, sinusitis and OME with some hearing loss (HL) and suppurative otitis media. Therefore AH and OME must be examined and diagnosed in early stages in order to prevent above mentioned complications. In inefficiency of medical treatment, surgical measures like adenoidectomy (AE) and myringotomy (MT) may be necessary in children.

Aim: To study the importance of adenoidectomy (AE) and myringotomy (MT) in the management of OME in children.

Methods: With methods: endoscopic rhinoscopy, microscopic otoscopy, tympanometry with acoustic reflex, ABR/ASSR hearing test, 3D X-ray of paranasal sinuses and nasopharynx we selected 50 children aged 3-6 y.o who having OME with HL and AH. During 3 months treatment follow-up time 14 (28%) of them recovered and 36 (72%) who is not responding to medical treatment were selected for AE and MT.

Results: Among selected patients for 25 performed AE with MT and for the rest 11 ones only MT operations. Middle ear effusion cleared in all patients who had type B tympanogram in one or both ears. In total 36 MT performed in 65 ears. According to 6 months follow up, in patients who passed AE with MT occurred significant improvement in their hearing level compared to who had just MT.

Conclusion: Adenoidectomy with myringotomy showed significant results on elimination hearing problems compared to just myringotomy procedure in children.