



# **BRITISH** **MEDICAL JOURNAL**



# British Medical Journal

Volume 2, No.5, September 2022

Internet address: <http://ejournals.id/index.php/bmj>

E-mail: [info@ejournals.id](mailto:info@ejournals.id)

Published by British Medical Journal

Issued Bimonthly

3 knoll drive. London. N14 5LU United Kingdom

+44 7542 987055

Chief editor

**Dr. Fiona Egea**

*Requirements for the authors.*

*The manuscript authors must provide reliable results of the work done, as well as an objective judgment on the significance of the study. The data underlying the work should be presented accurately, without errors. The work should contain enough details and bibliographic references for possible reproduction. False or knowingly erroneous statements are perceived as unethical behavior and unacceptable.*

*Authors should make sure that the original work is submitted and, if other authors' works or claims are used, provide appropriate bibliographic references or citations. Plagiarism can exist in many forms - from representing someone else's work as copyright to copying or paraphrasing significant parts of another's work without attribution, as well as claiming one's rights to the results of another's research. Plagiarism in all forms constitutes unethical acts and is unacceptable. Responsibility for plagiarism is entirely on the shoulders of the authors.*

*Significant errors in published works. If the author detects significant errors or inaccuracies in the publication, the author must inform the editor of the journal or the publisher about this and interact with them in order to remove the publication as soon as possible or correct errors. If the editor or publisher has received information from a third party that the publication contains significant errors, the author must withdraw the work or correct the errors as soon as possible.*

**OPEN ACCESS**

Copyright © 2022 by British Medical Journal

# CHIEF EDITOR

**Dr. Fiona Egea**

## EDITORIAL BOARD

**J. Shapiro, MD**

**M.D. Siegel, MD, MPH, FCCP**

**S. Shea, MD**

**S.Sipila, PhD**

**M. Sherman, MB BCh PhD,  
FRCP(C)**

**P.Slocum, DO**

**H. Shortliffe, MD, PhD, FACMI**

**A. Soll, MD**

**D.S. Siegel, MD, MPH**

ELSEVIER



SSRN  
STANDARD  
STANDARD  
STANDARD

Universal  
Impact Factor



## **TACTICAL APPROACHES TO THE SURGICAL TREATMENT OF CHRONIC SUPPURATIVE OTITIS MEDIA**

**Esamuratov A.I., Shamsiev J.F.**

Urgench branch of the Tashkent Medical Academy

**Relevance:** Chronic inflammation of the middle ear, despite significant progress in prevention, diagnosis and treatment, remains one of the most common and dangerous childhood diseases. This is due to many medical and social reasons, as well as such adverse effects as hearing loss and the risk of intracranial complications caused by exacerbations of a chronic process in the middle ear. The modern definition of chronic purulent otitis media (CPOM), summarizing the main features of this disease, was given by V.T Palchun et al. [one]. CPOM is a chronic purulent inflammation of the middle ear, which occurs with persistent perforation of the tympanic membrane, persistent or recurrent suppuration from the ear, and hearing loss of varying degrees, gradually progressing with a long course of the disease [1, 2] .

*Keywords: chronic suppurative otitis media, surgical treatment*

Purpose of the study : to analyze the changes in the recurrence of chronic suppurative otitis media after various cleansing studies in the ears in 64 (29.4%) patients out of a total of 217 patients.

**Materials and Methods research:** after the operation, we assessed the degree of epidermization after checking the cavity, the presence of productive elements, the development of excessive scars, cholesteatoma and destructive changes during the separation of the postoperative cavity.

**Results:** a frequent combination in patients was diagnosed with a combination of pathomorphological changes, the total number of which exceeded the number of examined patients. In 64 out of 217 patients with recurrence of CHO after sanitation, the ongoing inflammatory process led to insufficient sanitation due to incomplete removal of the mastoid branch. With the introduction of advanced X-ray techniques, fine pitch tomography, these hidden areas have become accessible for diagnosis and limited re-diagnosis. It was retrospectively noted that active manipulation on the mastoid branches in 15 patients was caused by a destructive defect of the upper wall with opening of the cerebral cortex, bleeding from the sigmoid sinus and vein, atypical location of the facial nerve, due to narrowing of the examination due to individual topographic features. In almost all cases, the mastoid process was combined with productive and destructive changes as a result of the opening of the air cells, an open auditory tube, and inflammation of the mucous membrane. This prompted the search for new surgical methods for the prevention of the "disease of the burr cavity" and the acceleration of epidermization. Thus, due to pathomorphological changes during repeated CPOM after a cleansing examination, incomplete epidermization of the trepanation cavity was more often detected in patients examined by the "open" method (50.7%).

After a "closed" cleansing examination, destructive changes were often detected against the background of cholesteatoma and untreated cells of the mastoid branch . In this group, during a cleansing examination, patients repeated an open operation after a closed operation, in which excessive scarring, cholesteatoma recurrence and destructive changes were observed in 38 (40.8%) patients using a feeding pedicle formed from the temporal bone muscle as a filling material for the burr space together with the implementation, together with taking into account the need, the occurrence in patients

of secondary meningeal symptoms, brain abscesses and prevention of the transition of the inflammatory process to the inner ear, together with the prevention of mastoidoplasty in order to preserve auditory function, was not excluded.

Based on the results obtained, it should be noted that open-type operations are considered effective.

At the next stage, we evaluated the indicators of assessing the quality of life of patients with purulent-inflammatory diseases of the middle ear. In the case-control method, the odds-OR ratio was calculated. Decreased resistance of the human body to negative environmental factors can cause various diseases. It was noted that the risk of disease is almost 3.9 times higher with a reduced resistance of the body compared to a healthy body.

The results of assessing the quality of life of patients diagnosed with chronic otitis media. Quality of life indicators are the basis for carrying out preventive measures after a surgical procedure for a disease.

When assessing the health status of patients with a diagnosis of chronic otitis media, the results before treatment changed from 1.1 to 67.4% in men, the most important indicator was excellent - 1.1%, a poor indicator was 25.8%, and after treatment - excellent, the performance was 3.5%, and poor performance was 2.4%.

The effectiveness of treatment shows that the number of excellent indicators decreased by 3.1 times in women, and the number of poor indicators decreased by 10.5 times in men.

And among women, the "excellent" indicator improved from 3.5% to 17.8%, while this indicator improved 5 times, no poor condition was detected.

At the next stage, the most important for this disease are the results of how the state of health was assessed in the control period compared to the previous year, the results of assessing one answer to the questions asked in this case are as follows: much better than a year ago - 1; slightly better than a year ago - 2; about a year ago - 3; slightly worse than a year ago - 4; much worse than a year ago - 5 points.

**Table**

**The results of assessing the current state of health of patients in dynamics after visiting a doctor**

t/r	Indicators	Men, 143		Women, 74	
		Before treatment	After treatment	Before treatment	After treatment
1	much better than a year ago	16.6	47.1	14.8	41.3
2	a little better than a year ago	9.2	34.8	11.3	37.8
3	like a year ago	17.2	11.1	14.9	12.5
4	slightly worse than a year ago	36.3	4.4	35.5	8.4
5	much worse than a year ago	20.7	2.6	23.5	-

measures the extent to which pain has interfered with your normal activities, including activities outside and around the home, over the past 4 weeks, as well as its impact on health, feeling, and performance. hearing and its adverse effects and we took this as a sign of evaluation.

After treatment, a state of complete absence of anxiety at home and outside the home was noted by 44.1% of men and 41.8% of women, while a very strong effect persisted in 0.8% of men and 1.2% of women.

The responses of patients, together with the approximation to reality, create conditions for assessing the results of the disease before and after treatment.

When assessing the impact of the disease on communication with people according to 5 indicators, the risk of being constantly depressed decreased by 5.05 times in men and 4.1 times in women, sometimes stress increased by 2.2 times in men and 2.0 times in women, less often the effect increased in men by 4.6 times, in women by 6.3 times, the indicator "never bothered" increased by 7.5 times, and in women by 5.9 times. This means that the patient's condition is slowly improving and requires preventive medical examinations and treatment.

In the last task of the questionnaire, the patient or patient self-assessed their health

and assessed each at the level of 100% according to five main indicators, and the following results were obtained. For example. The level of predisposition to the disease is very accurate in 31.8%, 48.2% expect their health to worsen, and 2.2% perceive it as very accurate, very wrong answer 14.1-18.1-9.3 and 17.2 % consider their state of health to be excellent, mainly with an incorrect answer, the level remained at 75.5% after treatment. This means that 24.5% of patients were in excellent condition for 4 months.

**Conclusions:** Based on the results obtained, it should be noted that open type operations are considered effective, it should also be assumed that the positive result of the operation largely depends on the quality of life of patients. The fact that 75.5% of patients had an excellent result indicates the effectiveness of the treatment.

**Used literature:**

1. Palchun VT, Kryukov AI Otorhinolaryngology. guide for doctors. Moscow: Medicine; 2001.
2. Ivoilov A. Yu. Diagnostic algorithm and therapeutic tactics in chronic suppurative otitis media in childhood. Russian medical journal. 2011;19:6:394-397.
3. Enin IP, Morenko VM, Karpov VP Rehabilitation of children with ear diseases. Stavropol: StGMA; 2004.
4. Otvagin IV, Kamanin EI The state of hearing in children of the Central Federal District. Herald otorhinolaryngology . 2005;1:22-23.
5. Zielhuis GA, Gerritsen AA, Gorissen WH, Dekker LJ, Rovers MM, Van der Wilt GJ, Ingeles K. Hearing deficits at school age; the predictive value of otitis media in infants. Int J Pediatrician otorhinolaryngol. 1998;44:3:227-234.
6. Karpov VP, Enin IP Chronic suppurative otitis media. Book. MR Bogomilsky, VR Chistyakova Children's otorhinolaryngology. Moscow: Medicine; 2005;1:22:530-542.
7. Vishnyakov VV, Lezhnev DA, Sarakueva AR Cone beam computed tomography in the diagnosis of chronic suppurative otitis media. Bulletin of otorhinolaryngology. 2014;1:52-54.
8. Mironov AA Problems of diagnosis and treatment of chronic suppurative otitis media. Proceedings of the Russian Conference of Otorhinolaryngologists (November 19-20, 2002). Bulletin of otorhinolaryngology. 2002;5:97-99.