Chronic Suppurative Otitis Media
Definition

Inflammatory changes of the mucoperiosteal lining of the middle ear cleft of insidious onset and protracted course, characterized by development of irreversible tissue pathology.

Chronic Suppurative Otitis Media

Classification

- Tubo-tympanic type (Safe type)
- Attico-antral type (Unsafe type)
Chronic Otitis Media
*(Tubo-tympanic type)*

*Tubo-tympanic disease*
Chronic Suppurative Otitis Media

- Safe Type (Tubo-tympanic)
- Unsafe Type (Attico-antral)

Cholesteatoma
**Symptoms**

- **Otorrhoea**
  Muco-purulent, odourless, profuse and intermittent.

- **Deafness**
  Mild to moderate; conductive HL.

**Otoscopy**

- **Perforation**
  Central, in pars tensa.

- **Cholesteatoma/granulations**
  Absent.
Investigations

- X rays
  - Cellular mastoid.
- C&S
  - Gram +ve organisms.

Treatment

- Medical Treatment
  Antibiotherapy according to C&S.
- Chemical cautery of perforation margins.
- Myringoplasty.
- Tympanoplasty
  Myringoplasty+ossiculoplasty
Chronic Suppurative Otitis Media

- Safe Type (Tubo-tympanic)
- Unsafe Type (Attico-antral)

Cholesteatoma

**CHOLESTEATOMA**

**Definition:**
Cholesteatoma is a destructive and expanding keratinizing squamous epithelium in the middle ear and/or mastoid process.
How can the skin reach the middle ear?

- Congenital
- Retraction of the drum (Retraction pocket)
- Migration through a marginal perforation
Symptoms

- Otorrhoea
  purulent, foetid, scanty and continuous.
- Deafness
  Moderate to severe; conductive or mixed.

Chronic Otitis Media

*Is not a painful condition*
Otoscropy

• Perforation
  Attic, or marginal
  (usually posterosuperior).

• Granulations
  Common, red and fleshy,
  usually posterosuperior.

• Cholesteatoma
  Attic or posterosuperior.

Investigations

• Xrays
  Acellular mastoid, filling defect (cholesteatoma shadow).

• C&S
  Gram -ve organisms.
**Treatment**

**Always surgical**

Tympano-mastoidectomy =
Tympanoplasty + mastoidectomy