

MAXILLARY SINUSITIS AS A CAUSE OF SECRETORY OTITIS MEDIA IN CHILDREN IN HAZARA DIVISION

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ABSTRACT

Secretary otitis media, Nonsuppurative otitis media, Glue ears, otitis media with effusion Different means of the same problem. Secretary otitis media is one of the common causes of Deafness in children in this part of the world. Secretary otitis media is due to development of negative pressure inside the middle ear cavity because of Eustachian tube obstruction with intact tympanic membrane. This negative pressure sucks the fluid from the surrounding blood vessels replacing the vacuum of the middle ear with fluid. This fluid is responsible for Deafness. The obstruction of the Eustachian tube is due to its edema. The causes blamed to be responsible for this edema are allergies, enlarged adenoids, and postnasal discharge. This otitis media is due to sinusitis mainly maxillary sinusitis. In this paper we are presenting one hundred cases of children suffering from secretary otitis media and its relation with sinusitis. X-Rays of the sinuses were taken in all these patients. Patients in whom films showed maxillary sinusitis Antrum washout were carried out. Abnormal X-Rays were found in 60% of the patients. There was definite improvement in the middle ear disease when the sinus infection was treated.

KEY WORDS Max Sinusitis, secretary otitis media.

INTRODUCTION

It has long been suggested that Max sinusitis is a common aetiological factor for secretary otitis media in children Grote and KJ upers (1980) studied 1252 children with URTI of these 471 had MaxSinusitis and 157 with secretary otitis media. The same author also reported a prospective study of 307 children with secretory O.M., they found that 60% had co-existent sinus infection of these 92% underwent resolution of secretory otitis media following Antral washing. Fin Kelstein (1989) - studied 148 children with sinusitis and secretary' otitis media. Both conditions were present in 29 of them. Mills studied a group of 55 children with secretary' otitis media. They had been selected for Antrum washout. On the basis of symptoms of these 41% had positive washings.

In view of these results of the studies above we decided to carry out such a study to determine the incidence of Maxillary' sinusitis in children with secretary' otitis media.

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MATERIALS AND METHODS

We have studied one hundred children from different parts of Hazara Division between the age of 4 and 8 years. These children were suffering either bilateral or Unilateral secretory otitis media. These patients were picked from our Hospitals Outpatient Department and private clinics. The study lasted for two years. All these patients had X-rays of the paranasal sinuses.

X-Rays were usually repeated by experienced Radiologist. In 60% of these patients X-Rays were positive either Unilaterally or Bilaterally. In all these patients Anterim washout were carried out along with primary- Procedures of the disease (Pril Mymefotorus Gromerinet).

RESULTS

Out of these sixty patients, 48 patients were completely cured with the First Surgical treatment i.e., sinusitis and secretory⁷ otitis media. Both were cured. Three patients did not turn up for second operation. The rest of the 7 patients underwent 2nd surgical treatment i.e., A.U.O. and Granets five of them were completely cured with resolution of the middle ear effusion. Two patients needed 3rd surgical operation and were cured completely.

DISCUSSION

The result of the study suggests that in this part of the world sinusitis with secretory⁷ otitis media is a common problem. Children suffering from secretory otitis media should be investigated for sinusitis. Every child with Sec O.M. should have an X-ray of paranasal sinuses done as this is a cheap and easily available investigation. Sometimes the X-rays in children are difficult to interpret. In doubtful cases still aural washings should be performed. This study also confirms that Max. sinusitis is one of the comm. Causes of secretory- otitis media in children and treating the primary⁷ cause with expedite the patients recovery⁷ and decreases the chances of recurrence.

Chronic sinusitis act as a Reservoir of infection and postnasal discharge leads to edema in the nasopharynx and Eustachian tube causing its Dysfunction. Easy diagnosis and treatment of secm is vital for the hearing, speech development and education for school going children.

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