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

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ABSTRACT

Secretary otitis media, Nousuppastive otitis media, Glue ears, otitis media with effasion 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 earnity because of Eustachian tube obstruction with intact tynpanic membrane. This negative pressure sucks the fluid from the Surrounding Blood vessels replacing the vaccume of the middle ear with fluid. This fluid is responsible for Deafness. The obstruction of the Evstachrain tube is due its edema. The causes blamed to be responsible for this Edema areallesgies, Inlarged Aduoids, and postnasal Discharge. This ostuasal Discharge is due to situsitis Mainty maxallarysinsits.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 Antrim 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 acteological factor for secretary otitis media in childrGorote and KJ upers (1980) studied 1252 children with URTI of these 471 had MaxSinusitis and 157 with secretary otitis media. The same another also reported a pospective study of 307 children with see O.M., they found that 60% had c existent Sinus infection of these 92% underwent resolution of secom following Antral washing. Fin Kelstein (1989) - studied 148 children with sinusitis and secretary otitis media.Both conditions were sresent in 29 of them.Mills studied a group of 55 children with secretary otitis media. They had been selected for Antrem washout. On the basis of synptoms 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 secretary otitis media. These patients were picked from our Hospitals out patient Department and private clinics. The study lasted for two years. All these patients had X-rays of the parenasal sinuses.

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

RESULTS

Out of these sixty patients, 48 patients were completely cured with the First Surgical treatement i.e, sinusitis and secretary otitis media. Both were cured. Three patients died 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 secretory 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. Foretimes the X-rays in children are difficult to interpret. In doubtfull cases still autral 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 primary cause with expedite the patients recovery and decreases the chances of recurrence.

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

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