

MIDDLE EAR DISORDERS

BILATERAL SECRETORY OTITIS MEDIA (SEROUS / MUCOID / GLUE EAR)

Case

- Male, 40 years of age, presented with blocked ears without pain and severe rhinosinusitis. Both tympanic membranes were dull, air bubbles were seen through tympanic membranes, Rinnes was -ve both sides. On tympanometry type B graph was seen.
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Diagnosis

- Bilateral Secretory Otitis Media (SOM / Glue Ear / Mucoid Otitis Media)
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History

- Insidious hearing loss
 - Delayed or defective speech
 - Mild earaches
 - Allergies
 - History of unresolved otitis media or viral infections
 - Recent upper respiratory tract infections
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Examination

- Otoloscopic findings:
 - Dull, opaque tympanic membrane
 - Loss of light reflex
 - Color: yellow, gray, bluish
 - Thin leash of blood vessels along handle of malleus
 - Retraction or slight posterior bulging
 - Air bubbles
 - Restricted mobility

Investigations

- Tuning fork tests: conductive HL, negative Rinne, Weber central/lateralized
- Audiometry: 20-40 dB conductive HL, sometimes SNHL
- Impedance audiometry: reduced compliance, flat curve, negative shift
- X-ray mastoids: clouding of air cells

Treatment

Medical

- Topical decongestants (nasal drops/sprays, systemic)
- Antihistamines
- Antibiotics
- Middle ear aeration: Valsalva, Politzerization, ET catheterization, chewing gum in children

Surgical

- Myringotomy & fluid aspiration
 - Grommet insertion
 - Tympanotomy or cortical mastoidectomy
 - Surgery for causative factor (adenoidectomy, tonsillectomy)
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Otitic Barotrauma / Aero-Otitis Media

Case

- A 40 year old male came to the ENT emergency with a history of right side earache, no fever on examination, red tympanic membrane is seen. Rinnes is negative. History reveals traveling from Karachi by air. There is also a history of nasal allergy.
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Diagnosis

- Otitic Barotrauma / Aero-Otitis Media
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History

- Severe earache
 - Conductive deafness
 - Tinnitus
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Examination & Investigations

- Retracted, congested tympanic membrane
 - Possible rupture
 - Air bubbles or hemorrhagic effusion in middle ear
 - Conductive HL, sometimes SNHL
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Treatment

- Catheterization or Politzerization
- Decongestant nasal drops

- Oral decongestants
 - Antihistamines
 - Myringotomy (if severe)
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-> The End <-