

Complications of otitis media

Due to available medical care and antibiotics, the incidence of mesotitis complications is relatively low. They most often arise as a complication of '*chronic mesotitis with cholesteatoma*'.

An infection can "spread" from the middle ear in several ways:

1. by innate preformed paths;
2. obtained by preformed paths;
3. usuri in the bone;
4. in osteothrombophlebitis.

In general, complications can be divided into:

- **otological**;
- **intracranial**.

Otological complications

Coalescent mastoiditis

 For more information see *Mastoiditis*.

Petrositida

- This is **inflammation of the glomeruli of the pyramid** and the formation of an abscessed deposit. Nowadays, this complication occurs only rarely.
- Clinically, we describe the so-called **Gradenig syndrome**, which includes fever, otorrhea, retrobulbar pain and diplopia.
- 'CT is mainly used in diagnostics.
- Treatment consists of the administration of **antibiotics**, **in case of failure, surgical intervention can be performed (mastoidectomy, petrosectomy)**.

Paresis of the facial nerve

- In an **acute** infection, the nervus facialis is damaged by **toxins**.
- In a **chronic** infection, the nervus facialis is compressed by a **cholesteatoma**.
- In both cases it is a peripheral facial nerve paresis.

Labyrinthitis

We distinguish **3 forms of labyrinthitis**:

1. **Perilabyrinthitis**: In perilabyrinthitis, the cholesteatoma damages the bony capsule of the labyrinth and creates a labyrinthine fistula, which can be visualized by HRCT. The inner ear is not infected. The dominant symptom is vertigo.
2. **Serous labyrinthitis**: As a result of the penetration of microorganisms or their toxins into the inner ear, a reversible inflammation occurs. Clinical symptoms include tinnitus, hypacusia (perceptual defect).
3. **Suppurative labyrinthitis**: ***It is caused by the penetration of virulent microorganisms into the inner ear. The clinical picture is severe - severe vertigo, tinnitus, nausea, vomitus, nystagmus, balance disorders. The great danger lies in the possibility of the infection spreading to the brain and cerebellum - the condition needs to be dealt with immediately (ATB, labyrinthectomy). The inevitable consequence of the disease is deafness.***

Residues post otitis media

- Atrophy, atelectasis of the tympanic membrane, calcareous incrustations, perforation.

Intracranial complications

Intracranial complications include:

- **meningitis**;
- '*thrombophlebitis* of the ace-shaped raft'
 - usually a complication of mastoiditis, first a perisinusoidal abscess develops, then a mural thrombus, which becomes infected and spreads retrogradely and anterogradely,
 - leads to bacteremia and the formation of secondary abscesses in the lungs, endocardium and brain,
 - treatment is surgical - mastoidectomy and removal of the float;
- epidural or brain abscess,

- subdural empyema.

Links

Related Articles

- Classification of otitis media
- Facial nerve paresis/PGS/diagnosis

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- BENEŠ, George. *Study Materials* [online]. ©2007. [cit. 2009]. <http://jirben2.chytrak.cz/materialy/orl_jb.doc>.

References

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