

Case Report

Bilateral chronic otitis media complications: case report

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ABSTRACT

Chronic otitis media is still a problem in developing countries but its complications are rare, because of the use of antibiotics. In this report, we will discuss a rare case of a patient who developed bilateral complications at the same time and underwent emergency surgery. 60 years old female patient has been suffering from ear discharge for many years and she has used a lot drug and drop but it never has gone away. The patient applied to our clinic with one-sided facial paralysis and extreme pain on the other side. Complications may occur in untreated chronic otitis media, but it is very rare for them to be seen simultaneously on both sides. This situation is very rare and it is deserved discussion. Therefore, in this paper, we want to discuss complications and treatment of chronic otitis media. There is a little research in the literature about bilateral complications of otitis media. For this reason, we want people to be awake about it.

Keywords: Chronic otitis media, Facial paralysis, Sigmoid sinus thrombosis

INTRODUCTION

Complications occur when middle ear infections spread beyond the middle ear mucosa and temporal bone spaces. Although complications due to acute otitis media have decreased with the use of antibiotics, complications due to chronic suppurative otitis media are still seen. These complications carry serious mortality and morbidity risks.¹

Complications are divided into two groups extracranial and intracranial. Extracranial complications, mastoiditis, petrositis, subperiosteal abscess, zygomatic abscess, bezold abscess, pseudo-bezold abscess, jugulodigastric type abscess) facial paralysis, labyrinthine fistula.

Intracranial complications are; It is classified under subheadings as meningitis, lateral sinus thrombophlebitis, otitic hydrocephalus, extradural abscess, subdural abscess, brain abscess.²

CASE REPORT

A 60-year-old female patient presented with facial paralysis on the right side and intense pain around the left ear. During the examination, it was observed that there was dense mucoid drainage in both external auditory canals. The patient's temporal bone computed tomography revealed soft tissues in both middle ears, possible sigmoid sinus thrombosis on the left, and facial nerve dehiscence on the right side (Figure 1). MRI scan performed on the patient revealed dense soft tissue and sigmoid sinus thrombosis on the left (Figure 2).

The patient was taken into emergency surgery. First, a mastoidectomy was performed on the right ear. It was seen that the entire mastoid and the middle ear were filled with soft tissue and were cleaned. The granulated tissues on the facial tympanic segment were cleaned, a mastoidectomy was performed on the left side in the same session, it was observed that the sigmoid sinus was thrombosed, and the top was opened. The surgery was

completed without complications. It was observed that the patient's pain decreased postoperatively. Medical treatment continued. At the patient's follow-up 1 month later, it was observed that the patient's facial movements had begun to improve.

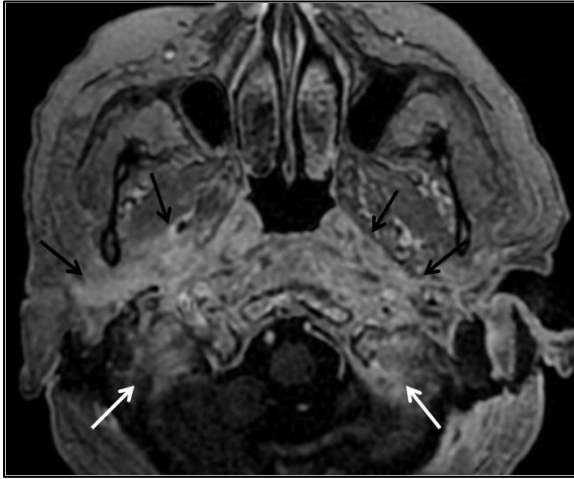


Figure 1: Contrast-enhanced axial T1-weighted image shows diffuse contrast enhancement in bilateral parapharyngeal, pharyngeal mucosal, retropharyngeal and carotid spaces, partially parotid space on the right, and jugular fossa on both sides (arrows).

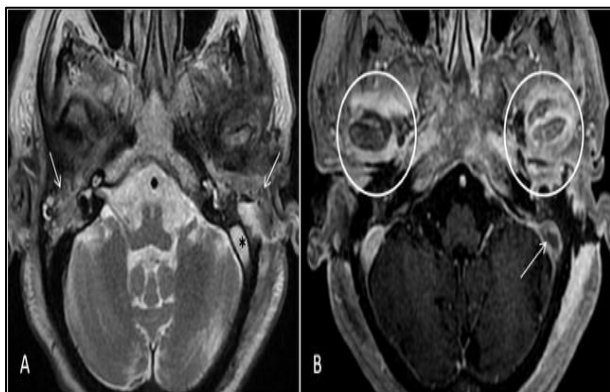


Figure 2: (A) Axial T2-weighted image shows signal changes compatible with effusion/inflammation in the bilateral tympanic cavity (arrows) and signal void loss in the left sigmoid sinus (asterisk); (B) on contrast-enhanced axial T1-weighted image, contrast enhancement in and around the temporomandibular joint space on both sides (circles) and filling defect compatible with thrombosis in the left sigmoid sinus (arrow) are visible.

DISCUSSION

Complications related to otitis media have decreased significantly with using of more antibiotics. However, diagnosis and treatment of these infections still pose difficulties for developing countries.³ Complication rates

due to otitis media vary depending on the studies (0.01%-3.2%).^{3,4} Complications show a relationship with the development levels of countries. When we look at the publications in general, it is seen that the patients are between the ages of 30-40 5, and it is more common in women.³⁻⁵ Our patient was a 60-year-old woman.

When the literature is examined, it has been seen that extracranial complications are more common. In the study conducted by Dubey and his friends,⁶ it was stated that most of the complications were extracranial (56%), and they were seen together in a group of 33%. In his study by Kangsabnarak, the most common extracranial complications were facial paralysis and subperiosteal abscess; He stated that he had intracranial meningitis and brain abscess.⁷

There are many case reports in the literature with chronic otitis media complications, but it has been observed that a case report in which bilateral complications develop simultaneously is very rare. For this reason, it was desired to contribute to the literature. The most important goal in the treatment of these complications is to eradicate the infection, eliminate the granulation tissue or cholesteatoma that predisposes to the complication, and ensure ventilation and drainage of the air spaces of the temporal bone to prevent relapses.⁸ Facial paralysis may be due to the toxic effect of infection or the mass effect of cholesteatoma and granulation tissue. Regardless of the cause, mastoidectomy and fascial decompression should be performed urgently in cases of paralysis. There are publications reporting that postoperative facial function improves by 60-70%.^{9,10} Our patient is still being followed up and there are positive developments in his clinic. Grade 6 facial paralysis decreased to grade 3.

CONCLUSION

Chronic otitis media disease should be evaluated very well, potentially fatal complications should be managed well, and if necessary, emergency surgery should be performed with radiology consultation.

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