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CLINICAL CASE OF LATENT MASTOIDITIS

ABSTRACT

We presented our own clinical observation of a latent mastoiditis. The girl of 11 years old addressed with complaints of pain in the left ear. This clinical observation substantiates the need for timely diagnosis and surgical treatment of mastoiditis. This example shows that despite the erased clinical picture: normal indices of audiometry, tympanometry and a healthy otoscopic picture, the destructive process in the mastoid process is progressing. Consequently, the leading indicator that determines the tactics of management is considered to be the existence of destructive changes on the part of the structures of the middle ear. Therefore, with a protracted flow of otitis media for more than 14 days, a CT scan of the temporal bone is indicated.

Keywords: mastoiditis, CT of temporal bones, anthromastoidotomy.

INTRODUCTION

One of the most frequent complications that occur in the pathology of the middle ear is mastoiditis, which is a destructive process of the bone structures of the cells of the mastoid process [1, 3, 5]. In modern times, in view of the appointment of antibiotic therapy, the classical picture of mastoiditis is blurred, which sometimes causes doctors to take delayed measures of treatment of this disease [2, 4, 6].

This article presents a case of latent mastoiditis.

The girl of 11 years old addressed with complaints of pain in the left ear. From an anamnesis: 3 months ago there was a pain in the right ear, the otorhinolaryngologist diagnosed with acute right-sided catarrhal otitis media, the patient took antibacterial therapy courses in the form of sumamed 3 days, no improvement occurred, purulent discharge from the right ear appeared. With the otoscopic picture, the microperforation of the tympanic membrane was revealed and the diagnosis of acute purulent otitis media was established, a course of amoxicillin 10 days was prescribed and local treatment with otophas.

Against the background of the treatment, the purulent discharge stopped, the hearing improved. However, after 2 weeks there was a moderate pain in the ear to the right of the hearing impairment the patient did not notice, there was no rhinitis, the antibacterial drug suprax was prescribed by the mother independently for 10 days. During the month the patient did not notice any problems with the ears. Then there was a pain in the ear and the BTE area on the left. The CT of temporal bones was assigned as an otorhinolaryngologist, on the series of CT sections: on the right: the structure of the mastoid process of the pneumatic type, the cells and antrum are normally developed. The pneumatization of cells of the mastoid process is reduced. The destruction of the upper-external wall of the mastoid process with a width of 0.6 cm and an indistinctly traced wall in the region of the sigmoid sinus are determined. Left: the structure of the mastoid process of the pneumatic type, the cells and antrum are developed normally, the pneumatization of the cells of the mastoid process and the drum cavity is partially reduced. Bone destruction is not revealed.

The patient is referred to an otorhinolaryngologist consultation. At otorhinolaryngological examination it was revealed: nasal breathing free, mucous membrane pink, not edematous, septum of nose along the middle line. Adenoides of the 1st degree. Mucous pharynx pink, a condition after a tonsillectomy. Right ear: in the behind-eye region in the cortical layer of the mastoid process in the antrum projection, a bone defect d = 0.5 cm, slightly painful upon palpation, is determined. The tympanic membrane is gray, the identification contours are clearly visualized. The auditory tube is passable. Rumor according to the audiogram is normal.

According to the tympanogram type «A». Left ear: in the behind-eye region, an enlarged lymph node d = 0.5 cm is moderately painful on palpation, the tympanic membrane is pink, cloudy, contours are smoothed. The auditory tube is passable. According to the tympanogram type «C». Was diagnosed: Acute left-sided catarrhal median otitis media. Latent mastoiditis on the right. A decision has been made for the operative management of the patient in the volume of anthromastoidotomy and the course of antibacterial therapy - ceftriaxone.

The bone defect of the cortical layer under Linea temporalis was removed intraoperatively 0.5 cm from spina Genle. In the course of an antrum, cells of the mastoid process in the form of a sugar bone, granulation tissue is determined in the cells, which is taken for histological examination. Antrum was opened, granulation tissue was found blocking the entrance to the antrum, the entrance was expanded. Postoperative wound partially closed.

In the postoperative period, the wound healed by secondary tension for 5 days. The child received a course of antibacterial therapy (ceftriaxone 1.0 g once a day for 8 days). According to the audiogram hearing is normal. According to the histological conclusion: granulation

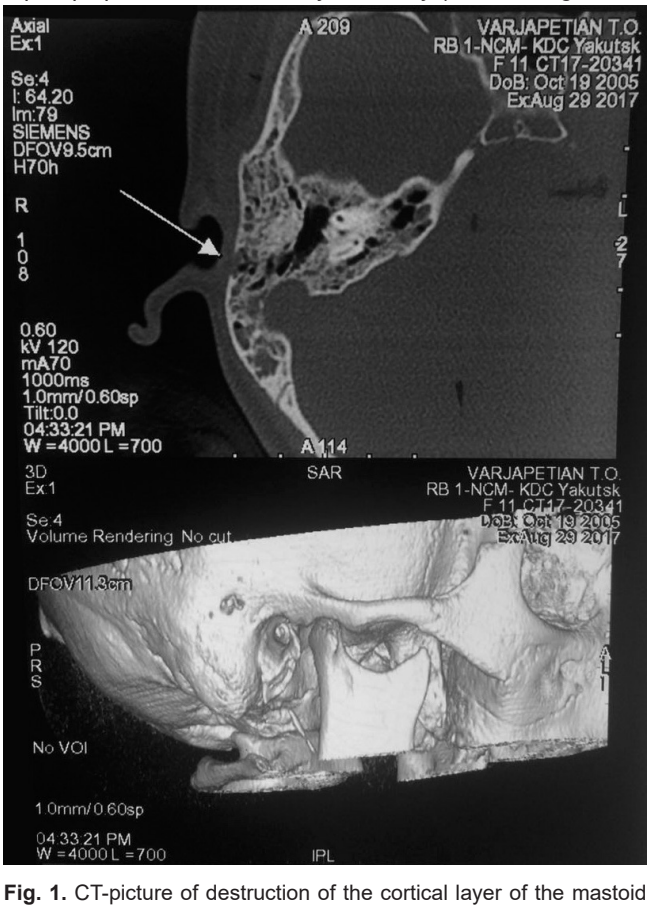

Fig. 1. CT-picture of destruction of the cortical layer of the mastoid process.

Fig. 2. Intraoperative pattern of destruction of the cortical layer of the mastoid process.

tissue. The patient was discharged on the 7th day.

DISCUSSION

This example shows that despite the erased clinical picture: normal indices of audiometry, tympanometry and a healthy otoscopic picture, the destructive process in the mastoid process is progressing. Consequently, the leading indicator that determines the tactics of management is considered to be the existence of destructive changes on the part of the structures of the middle ear. Therefore, with a protracted flow of otitis media for more than 14 days, a CT scan of the temporal bone is indicated.

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CLINICAL CHARACTERISTIC OF THE CONCOMITANT SOMATIC DISEASES AMONG CHILDREN WITH CONGENITAL CLEFTS OF THE UPPER LIP AND PALATE IN THE REPUBLIC OF SAKHA (YAKUTIA)

Abstract

Today congenital malformation of maxillofacial area is a current medical-social problem. At the same time the existence of accompanying general diseases have a particular negative impact on the results of treatment, rehabilitation and prophylaxis. Taking it into account our research was devoted to the structure of pathological processes of organs and systems at children with congenital clefts of the upper lip and palate living in severe climatic conditions of Yakutia. The received results testify about a wide range of somatic diseases and pathologies connected with dysembriogenesis. So, damages of the central nervous system were revealed in their structure which included residual-organic and hypoxemic-ischemic damages, a delay of psycho-speech development, syndromes of movement disorders, hyper excitement and asthenic mental retardation, neuromuscular wryneck, epilepsy and cerebral palsy. Further frequent congenital defects of cardiovascular system at the examined groups of children were presented by open foramen ovale, defects of interventricular and interatrial septum, open arterial cannels, Fallot's tetralogy and also other congenital heart diseases. The following most widespread accompanying pathologies are eyes diseases and they were presented by hypermetropia or myopia, stenosis of lacrimonasal cannel and strabismus and also anophthalmia, dacryocystitis, astigmatism, keratopathy, congenital eyelid ptosis and cataract. Besides, the examined children with congenital clefts of the upper lip and palate had such disease as atopic dermatitis.

Besides, there were also diseases of external and inner ear where this group of diseases included bradyacuasia and also anomalies of auricle development. Meanwhile, diseases of kidneys and urinary tract, inguinal, umbilical, inguinoscrotal hernias, benign neoplasms, anomalies of the development of extremities, anus atresia, chronic hepatitis C, malignant diseases of blood. At the same time, during the experiment there were some cases of diagnosis of hypertrophic rhinitis, diseases of salivary glands, rickets, accessory teeth, slanting facial cleft, chromosomal pathology, bronchopulmonary dysplasia, pylorostenosis, talipes, epithelial coccygeal course and various endocrine disorders.

The received results characterize the relevance of associated diseases at children with congenital clefts of the upper lip and/or palate. This situation needs further research with the development and deployment of the complex program of medical-social rehabilitation of congenital malformation of maxillofacial area and their prophylaxis among children living in conditions of high latitudes.

Keywords: congenital cleft of the upper lip and/or palate, accompanying pathology, anomalies of development of other organs and systems, treatment, medical-social rehabilitation, prophylaxis of congenital malformation.