

Causes of Otitis in Children and its Prevention

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ABSTRACT

Inflammation of the middle ear, this disease, especially in young children, is a bit severe, the ear hurts a lot, the temperature rises, the hearing is much reduced, it causes complications to the brain and its membrane. possible.

Causes of disease

This is often caused by infectious diseases accompanied by inflammation of the upper respiratory tract: influenza, measles, scarlet fever, etc. In this case, the inflammatory process passes from the nasopharynx through the auditory tube to the ear drum cavity, the resulting pus sometimes pierces the eardrum and flows out of the external auditory canal. Adenoids, polyps, and curvature of the nasal septum play an important role in the development of middle ear inflammation (especially in children).

Symptoms and treatment

In acute inflammation of the middle ear, the patient's ear, head hurts, and hearing becomes difficult, in some cases the temperature rises to 37-38°C. The doctor prescribes the treatment. In case of middle ear inflammation, it is prescribed by the doctor, it reduces the pain and allows the inflammation in the drum cavity to go away. Bozillamani is poured not on the top of the ear, but around it. For this, several layers of gauze are soaked in water or water with an equal amount of alcohol, the middle of the cloth is cut, and it is applied to the ear. The diaper should be changed every 4 hours, and children should be changed every two to three hours so that their skin does not burn. Alcohol mixed with equal amounts of water and a dry-hot mixture are burnt alternately. In the treatment of middle ear, putting heated liquid drugs (boiled) into the external path with a pipette gives good results. For this, a bottle with liquid medicine is poured into warm water for 2-3 minutes. The patient presses the healthy ear and lies on his side, the medicine poured into the ear should remain for 10-15 minutes.

For prevention

To prevent otitis, it is necessary to train the body, eat foods rich in medicinal substances, do physical education and sports. Smoking and drinking alcohol cause chronic inflammation of the

respiratory tract. This inflammation later goes to the middle ear. If the right treatment is given in time, the patient will recover completely. Sometimes inflammatory complications may occur or in case of chronic otitis, pus flows from time to time

The medical name of ear pain is otalgia. This is a common disease, especially in children.

Pains are observed in different ways, such as aching, sharp, pulling. It usually goes away on its own and does not require treatment. However, there are cases where you cannot do without consulting a doctor and qualified help.

When should you see an emergency doctor?

- ✓ when the pain is known after 48 hours and even increases over time;
- ✓ when the temperature exceeds 38.3 ° C;
- ✓ when fluid or pus flows from the ears;
- ✓ When a child under 2 years old complains of pain;
- ✓ if new symptoms appear: dizziness, headache, swelling around the ear or facial muscle weakness;
- ✓ when active shooting pain suddenly stops (this may be a sign of rupture of the eardrum);
- ✓ if the sensations in the ear are disturbing and interfere with daily activities.

Why does the ear ring?

If earwax is not properly removed, or if it accumulates for some reason, it can partially block the ear canal. Usually, this condition manifests itself with a feeling of burning in the ear and causes pain.

Differential pressure

This happens, for example, during the takeoff or landing of an airplane. Rapid changes in pressure can cause sudden ringing in the ears.

Acoustic damage

A loud sound attack such as a rock concert, night club, firework show or noise can cause injury – strain or even rupture of the eardrum.

Depending on the duration of the disease, it is divided into acute and chronic, and depending on the degree of the inflammatory process, it is divided into catarrhal, serous and purulent otitis media.

Catarrhal otitis media. The causative agents of the disease are streptococci, pneumococci and staphylococci. Catarrhal otitis media develops when the inflammatory process passes from the nasal cavity and nasopharynx to the mucous membrane of the auditory tube and drum cavity. Inflammation of the mucous layer of the auditory canal causes its opening to narrow. The narrowing of the auditory canal is caused by a violation of the respiratory function of the nose. This is often caused by polyps in the nasal cavity, hypertrophy of the nasal concha, adenoids, rhinopharyngitis. There are diseases and tumors of the adjacent nasal cavities.

As a result of a violation of the permeability of the auditory tube, the pressure in the eardrum cavity decreases, the eardrum is pulled inward.

Symptoms: Patients complain of ringing in the ears, hearing loss, tinnitus, and hearing their own voice more in the affected ear (autophania). The degree of impairment of the hearing function depends on the amount of transudate in the tympanic cavity. During otoscopy, the eardrum is bent inward, and its color is slightly yellowish or bluish. The handle of the hammer is short, with

a small knob protruding outwards.

In exudative otitis, the presence of fluid in the tympanic cavity is visible. In children, it is often bilateral and the auditory function is significantly impaired.

Treatment: First of all, in addition to eliminating diseases around the nose, its adjacent cavities, nasal septum and nasopharynx, restoring the permeability of the auditory tube, removing the accumulated serum in the drum cavity. it is necessary to remove it. Medicines that narrow the blood vessels and reduce swelling of the mucus layer are dripped into the nasal cavity (ephedrine, adrenaline, halozaline, naphthyzine). Sending air through the ear canal. In addition, a heating compress, solyux, infrared rays are prescribed. Laser treatment also gives good results.

Aerotitis. This disease is caused by the change in atmospheric pressure that occurs when the plane lands quickly from the ground. In this case, the degree of conduction function of the auditory tube is of great importance.

Symptoms: ear congestion, pain, hearing loss, ringing in the ears, dizziness.

In otoscopy, the tympanic membrane is bent inward. Treatment focuses on improving the function of the auditory tube.

Acute purulent inflammation of the middle ear. This disease is caused by streptococcus, staphylococcus, virus-influenza, pneumococcus and other infections that enter the drum cavity. Acute purulent otitis media can be a complication of diseases such as measles, goiter, scarlet fever. In the origin of acute purulent otitis media, hypertrophic rhinitis, adenoids, polyps and tumors in the nasal cavity are also of great importance. The onset of the disease is caused by the flu, a cold, and a decrease in the body's reactivity.

Most often, an infection enters the middle ear through the auditory canal. There is usually no infection in the tympanic cavity, because the fluctuating epithelium of the auditory tube does not allow this.

In inflammatory diseases of the auditory tube, its barrier function is disturbed. Infection can also enter the tympanic cavity when the tympanic membrane is punctured, or through trauma to the tympanic tumor. In rare cases, the infection enters by a hematogenous route (in measles, typhus, tuberculosis).

There are general and local symptoms of acute purulent inflammation of the middle ear. The course of the disease can be divided into three periods: the first period - the period until the piercing of the eardrum; the second period - the period of perforation of the membrane and discharge of pus; and the third period is the period of recovery.

At the onset of the disease, the eardrum is slightly reddened, blood vessels are enlarged. Hearing function decreases. If the disease is not treated during this period, the reddening of the eardrum increases and thickens, and hearing ability decreases again. A large amount of serum accumulates in the cavity of the drum, the pressure increases there, the pain increases, and the eardrum bulges out. Pain occurs when pressing on a nipple-like tumor

X-ray of the temporal bone shows darkening of the cells of the pus-filled mastoid tumor, as well as erosion of some of the bony walls between the cells. A diagnosis of mastoiditis is made based on the collected anamnesis and the symptoms detected during the objective examination of the patient. In order to clarify the diagnosis and prevent serious complications of mastoiditis, the patient should be referred to an ear, throat, and nose doctor.

Treatment: surgical - mastoidotomy. The skin is cut layer by layer and opened up to the cortical layer of the mammary tumor, then the "cave" is punctured and all the damaged cells of the tumor are gradually removed. During the operation, in order to preserve the hearing function of the

middle ear, the back wall of the auditory canal is not removed and the tympanic membrane is not touched, because in the process of acute inflammation, there are no destructive changes in the chain of auditory bones of the middle ear.

Chronic purulent inflammation of the middle ear. Etiology: staphylococcus, streptococcus, viruses, fungi in 24%.

Permanent symptoms of the disease:

1. Otorrhea - purulent discharge from the ear for 6 or more weeks. Purulent discharge can be constant or intermittent.
2. Perforation of the tympanic membrane (in most cases, thickening of the periphery).
3. Decreased hearing, dizziness, tinnitus, headache, etc.

Chronic purulent inflammation of the middle ear has 2 forms: epitympanitis, mesotympanitis. Chronic purulent mesotympanitis is characterized by inflammation of the middle and lower part of the mucous membrane of the middle ear. Patients complain of hearing loss and discharge of purulent discharge from the ear. The perforation is in the taut part of the drum curtain. The discharge from the ear is mucous, muco-purulent and odorless. Causes of mesotympanitis: water in the ear, diseases of the upper respiratory tract, etc. During an attack, purulent discharge increases, pain occurs in the ear, the temperature rises, and hearing decreases in the conductive type. The hearing loss does not depend on the size of the perforation, but depends on the movement of the auditory ossicles in the middle ear and the movement of the membrane of the cochlear window, which is not less than 40-50 dB. 50% of patients with hearing loss have low-frequency noise in the ear. Chronic purulent epitympanitis is more severe. The disease occurs mainly in the upper part of the drum cavity, the process can spread to the middle and lower parts, to the bone wall of the drum cavity, and to the auditory ossicles. The reason for the inflammation in the upper part of the drum cavity is the presence of folds in the mucous membrane. Perforation in the tympanic membrane occurs in its loose or bony part. Excretion is foul-smelling when seen, due to bone decay and the release of purines (indole, skatole) and the addition of anaerobic infection. Hearing loss is much less than that of mesotympanitis. Mixed hearing loss is more common. Otscopy can show pus, granulation, polyp and cholestoma.

A cholesteatoma is a cholesteric mass formed as a result of accumulation of the epidermal part of the skin in a concentric state and resulting from their disintegration.

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