

## ESTIMATION OF THE EFFICIENCY OF SURGICAL TREATMENT OF CHRONIC PURULENT OTITIS WITH ONE-TIME TYMPANOPLASTY

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### ✓ *Resume*

*A comprehensive analysis of the causes of high disability using large-scale randomized clinical trials has allowed the formation of modern ideas about the problems of surgical treatment of chronic purulent otitis media, anthropomy, mastoidotomy, and anthromastoidotomy.*

*Key words: Antritis, middle ear, tympanoplasty, pus*

## ОЦЕНКА ЭФФЕКТИВНОСТИ ХИРУРГИЧЕСКОГО ЛЕЧЕНИЯ ХРОНИЧЕСКИХ ГНОЙНЫХ ОТИТОВ С ОДНОМОМЕНТНОЙ ТИМПАНОПЛАСТИКОЙ

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### ✓ *Резюме*

*Комплексный анализ причин высокой инвалидности с использованием обширных рандомизированных клинических исследований позволил сформировать современные представления о проблемах хирургического лечения хронического гнойного отита, антрацита, мастоидотомии и антромастоидотомии.*

*Ключевые слова: сибирская язва, среднее ухо, тимпанопластика, гной.*

## BIR MARTALIK TIMPANOPLASTIYA BILAN SURUNKALI YIRINGLI OTITNI JARROHLIK DAVOLASH SAMARADORLIGINI BAHOLASH

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### ✓ *Rezyume*

*Keng ko'lamli randomizatsiyalangan klinik tekshiruvlar yordamida yuqori nogironlik sabablarini har tomonlama tahlil qilish surunkali yiringli otitis media, antrasit, mastoidotomiya va antromastoidotomiyani jarrohlik yo'li bilan davolash muammolari to'g'risida zamonaviy g'oyalarni shakllantirishga imkon berdi.*

*Kalit so'zlar: kuydirgi, o'rta quloq, timpanoplastika, yiring.*

### Relevance

Purulent inflammation of the middle ear, both acute and chronic, still remains one of the most widespread diseases of the ENT organs and in the structure of the pathology of the ENT organs, they constitute from 5.1 to 58% of cases, and from 8.6 to 37% of cases are the cause of high degree of hearing loss. A comprehensive analysis of the causes of high disability, carried out using large-scale randomized clinical trials, made it possible to formulate modern ideas about the problems of surgical treatment of chronic suppurative otitis media, anthratomy, mastoidotomy and

antromastoidotomy. It has been found to have no effect on the hearing-enhancing process. Tympanoplasty occupies a special place among the consequences of surgical treatment.

### The purpose of the scientific work.

To study the assessment of the effectiveness of surgical treatment of purulent otitis media using simultaneous tympanoplasty.

### Material and methods

Standard otorhinolaryngological research methods will be applied, including:

- Collection of complaints and anamnesis of patients;
- General otorhinolaryngological examination, including endoscopic;
- ENT department and polyclinic of the AGMI, private clinic Soglom avlod.
- Research using MRI. CT. MSCT
- Otoscopy
- Audiometry;
- Tympanometry;
- Radiography

In accordance with the set goals and objectives of the study, 50 patients with dry mesotympanitis aged 18 to 63 years were examined and surgically treated. The study included 31 (50.0%) men and 19 (50.0%) women with duration of clinical manifestations. diseases from 3 to 15 years. The majority - 41 (82.0%) patients - were people of working age (from 21 to 60 years). The duration of the disease in most (88.0%) patients was up to and over 10 years.

The diagnosis of dry mesotympanitis was established on the basis of:

- anamnestic data;
- complaints of periodic or constant suppuration from the ear, hearing loss;
- otoscopic picture;
- identification of conductive forms of hearing loss according to the data of tonal threshold audiometry (TPA);
- data of X-ray research methods (3-D X-ray);
- Data of endoscopic research methods.

To conduct a comparative analysis of the effectiveness of the performed operations, depending on the methods of plastic reconstruction, two clinical groups of the same type were formed.

The first, main, group consisted of 29 patients, who restored the integrity of the tympanic membrane by the fascia of the temporal muscle with fixation of a nontympanic flap with surgical silk.

The second, control, group consisted of 21 patients who restored the integrity of the tympanic membrane by the fascia of the temporal muscle without fixing the nontympanic flap.

### **Result and discussion**

The groups of patients formed for comparative analysis did not practically differ from each other in terms of both the number and the nature of the pathological process in the middle ear. Such a selection of patients makes it possible to exclude the influence of the characteristics and nature of the pathological process on the final result of surgery. According to the literature and our research, it should be borne in mind that a total

defect of the tympanic membrane gives a hearing loss in the range of 30-40 dB in sound conduction, provided that there is no damage in the ossicular system and receptor formations of the auditory analyzer. Therefore, all patients underwent thorough comprehensive otorhinolaryngological, general clinical studies, if necessary, consulted with a therapist, neurologist, ophthalmologist and other specialists.

When choosing the tactics of reconstructive hearing-improving operations, special importance was attached to the results of otomicroscopic, audiological, X-ray examinations and the state of the auditory tube. Next, we present the results of general clinical and audiological studies in both groups (50 patients). Results of clinical trials.

Almost all patients underwent surgery under local anesthesia, retroauricular or endaural access. Due to the presence of an allergic reaction to local anesthetics in two patients from all study groups, they were operated on under endotracheal anesthesia.

### **Conclusion**

1. Surgical restoration of the integrity of the tympanic membrane in case of extensive, subtotal and total defects remains an important and sometimes difficult task of reconstructive surgery of the middle ear. Currently, a large number of both various methods and modifications of surgical interventions and plastic materials used in this type of surgical treatment have been proposed.

2. However, despite the accumulated experience, the percentage of unsatisfactory anatomical and functional outcomes remains high - on average 10.28–28.6%. This is explained by a number of factors. First, the graft is in extremely unfavorable conditions for engraftment, since it is not always possible during surgery to create an adequate wound bed, and, consequently, to provide conditions for sufficient blood supply and trophic innervation of the graft. Secondly, the reason for the unsatisfactory outcomes of the operation is the high probability of displacement or retraction of the graft due to its insufficient fixation, which leads not only to disruption of the engraftment processes up to necrosis and graft rejection, but also to the formation of rough adhesions in the tympanic cavity, which also does not allow us to hope for a good functional result of the operation.

3. It should be emphasized that the issue of fixation of a nontympanic graft in plastics of extensive defects of the tympanic membrane is practically the main stage of myringoplasty. The technique we have developed for the formation of a nontympanic membrane, and in particular the method of graft fixation, is highly effective both in

anatomical and functional aspects. The main distinguishing side from the previously proposed methods of the method of graft fixation developed by us is the technical simplicity, general availability, reliability, the use of autogenous tissues and the absence of the need to use additional transplant fixing means and, consequently, reduce the likelihood of developing associated adverse outcomes.

#### LIST OF REFERENCES:

1. Astashchenko S.B. Method for the prevention of cicatricial fixation of the stirrup after tympanoplasty /C.B. Astashchenko // Russian otorhinolar. 2006. -№1.-C. 26-29.
2. Anikin I.A. The use of crash cartilage in tympanoplasty / I.A. Anikin, MA. Medvedekiy // XVII Congress of Otorinolar. Russia: Abstracts. report -Nizhny Novgorod, 2006.S. 142.
3. Astashchenko S.B. Increasing the efficiency of tympanoplasty using ultrathin allocartilage grafts: Abstract of the thesis. dis. ... Cand. honey. Sciences / C.B. Astashchenko. SPb., 2005.-25 p.
4. Ashmarin M.P. Frame tympanoplasty for extensive tympanic membrane defects / M.P. Ashmarin // Bulletin of the otorinolar. 2005. - 1.- S. 30-31.5.
5. Ashmarin M.P. Tympanoplasty for subtotal and total tympanic membrane defects / M.P. Ashmarin, L.I. Maximov // XVII Congress of Otorinolar. Russia: Abstracts of reports. Nizhny Novgorod, 2006 . - S. 85-86.
6. Bartenev A.A. Tympanoplasty problems / A.A. Barteneva, M.Ya. Kozlov. L .: Medicine, 1974.- 182 p.
7. Belousov A.E. Plastic reconstructive and aesthetic surgery / A.E. Belousov. SPb .: Hippocrates, 1998 .-- 114 p.
8. Bereznyuk V.V. Corrective operations after functional reconstructive interventions on the middle ear / V.V. Bereznyuk // Zhurn. ear, nose and throat diseases. 1994. - No. 1. - S. 28-31.
9. Blotsky A.A. Laser fixation of the graft in the elimination of the tympanic membrane defect / A.A. Blotsky, E.S. Elanskaya, S.S. Tseluiko // Folia otorhinolaryngol. 2003. -Vol. 9, N3-4, -P. 73-78.
10. Boboshko M.Yu. Auditory tube / M.Yu. Boboshko, A.I. Lopotko. -SPb.: Special. Lit., 2003.-360 p.

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