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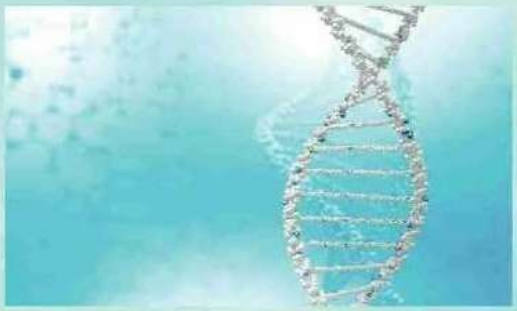

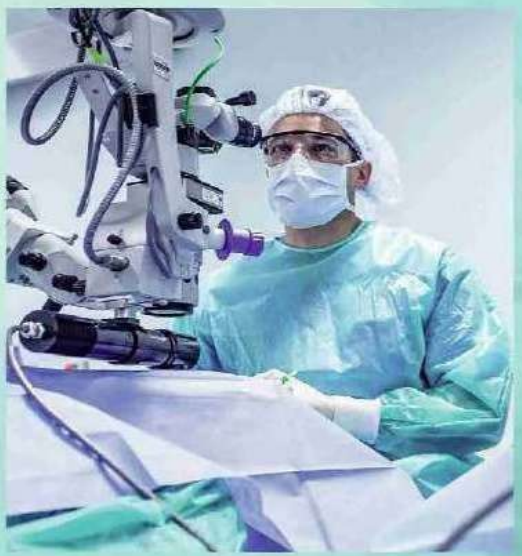

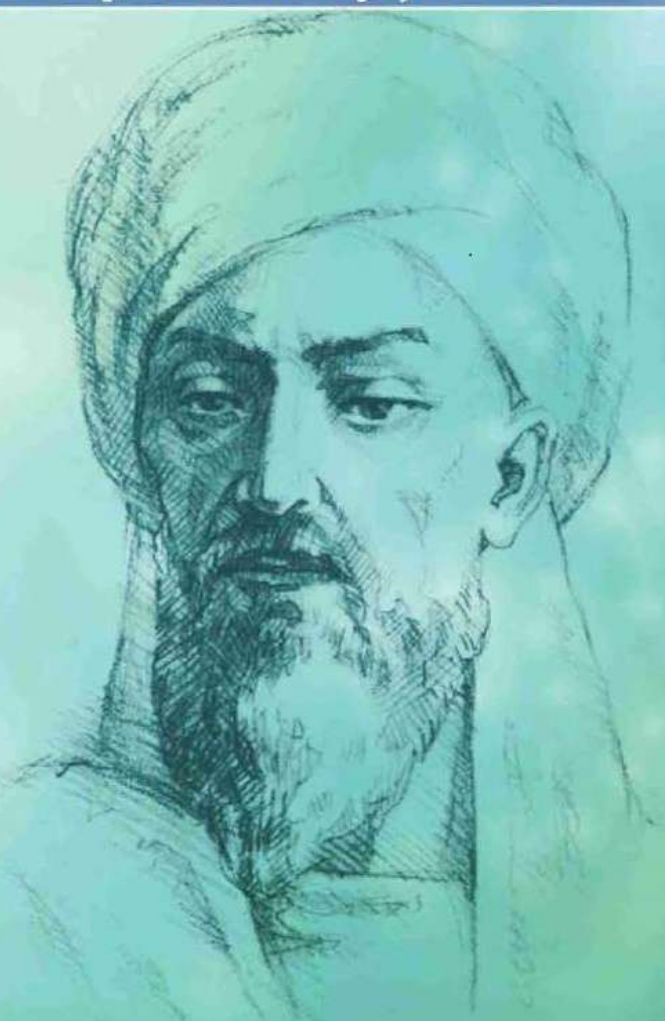

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ТИББИЁТДА ЯНГИ КУН
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NEW DAY IN MEDICINE

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CONSERVATIVE TREATMENT OF EXACERBATION OF CHRONIC SUPPURATIVE OTITIS MEDIA

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✓ ***Resume***

From January 2022 to December 2022, a retrospective analysis of the history of 37 diseases of patients who applied in the ENT Department of the Bukhara multi-network clinic was carried out with the diagnosis of "Exacerbation of chronic suppurative otitis media". The effect of the treatment was studied in patients who took the drug Otofa (the active ingredient rifamycin) as topical treatment for patients.

Keywords: Otofa, rifamycin, chronic purulent middle otitis

СУРУНКАЛИ ЙИРИНГЛИ ЎРТА ОТИТ КЎЗИШИНИ КОНСЕРВАТИВ ДАВОЛАШ

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✓ ***Резюме***

2022-йил январ ойидан бошлаб 2022-йил декабр ойигача бўлган "Сурункали йирингли ўрта отит кўзиши " ташхиси билан Бухоро кўп тармокли клиникаси ЛОР бўлимида мурожаат қилган беморларнинг 37та касаллик тарихини ретроспектив таҳлил қилинди. Беморларга махаллий даво сифатида Отофа препаратини (фаол моддаси рифамицин) қабул қилган беморларда давонинг тасири ўрганилди.

Калит сўзлар:Отофа, рифамицин, сурункали йирингли ўрта отит.

КОНСЕРВАТИВНОЕ ЛЕЧЕНИЕ ОБОСТРЕНИЯ ХРОНИЧЕСКОГО ГНОЙНОГО СРЕДНЕГО ОТИТА

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✓ ***Резюме***

С января 2022 года по декабрь 2022 года был проведен ретроспективный анализ истории 37 заболеваний пациентов, обратившихся в ЛОР-отделение Бухарской многопрофильной сетевой клиники с диагнозом "Обострение хронического гнойного среднего отита". Эффект лечения был изучен у пациентов, которые принимали препарат Оф (активный ингредиент рифамицин) в качестве местного лечения пациентов.

Ключевые слова: Отофа, рифамицин, хронический гнойный средний отит

Relevance

Chronic suppurative otitis media(CSOM) accounts for a significant part in the structure of diseases of the ENT organs and can lead to serious intracranial complications [2, 10]. Chronic suppurative otitis media is a chronic inflammation of the middle ear — the Eustachian tube, the tympanic cavity and the cells of the mastoid process[1, 2]. This is the most common infectious ear disease in children, as well as in young people [3]. Chronic suppurative otitis media is characterized by chronic, periodic or permanent otorrhea for at least 2 weeks through perforation in the eardrum [4].

Antibacterial agents are the most commonly used method of treating CSOM. They can be used topically (in the form of drops, ointments on the affected area) or systematically. The use of local antibacterial drugs is preferable in the case of uncomplicated CSOM course. This is due to the absence of systemic side effects, such as disorders of the gastrointestinal tract, and a high concentration in the focus of infection, ease of use and high efficiency.

Currently, against the background of the appearance of a large number of different synthetic antibiotics, the microbial flora of CSOM has undergone pronounced changes. The appearance of a large number of polyresistant strains and a change in the bacteriological profile in patients with CSOM make clinicians look for drugs that are effective in treating this disease.

Objective: to study the effectiveness of treatment of exacerbation of chronic tubotimpanal purulent otitis media with the drug Otofa with the active ingredient Rifamycin.

Materials and methods

A retrospective analysis of 37 case histories of patients who applied to the ENT department with a diagnosis of "exacerbation of chronic suppurative otitis media" in the period from January 2022 to December 2022. Patients aged 18 to 73 years (average age 45.8±6.4 years) with a disease duration from 2 to 34 years (average duration 26.7± 2.4 years). The study did not include patients with diabetes mellitus who are allergic to antibiotics of this series, as well as patients with complaints of severe itching in the ears, who had a history of otomycosis, otoscopy showed signs of fungal lesions, namely white plaque in the bone part of the external auditory canal, black patches on the skin of the external auditory canal.

Upon admission to the hospital, all patients underwent a standard anamnesis collection, endoscopic examination of the ENT organs, tonal threshold audiometry, if local complications were suspected (development of granulations or cholesteatomas) performed spiral computed tomography of the temporal bones, microbiological examination of the discharge from the ear at admission, before the start of active therapy.

Patients with CSOM were also subjected to clinical and biochemical blood tests in order to determine the activity of the inflammatory process and identify concomitant pathology affecting the course of CSOM.

Treatment usually began on the 2nd-4th day after the appearance of the first symptoms of exacerbation of chronic otitis media. Ear drops were used as local therapy Otofa containing 2.6% rifamycin solution. The drug is active against most etiologically significant pathogens of both acute and chronic otitis media, in particular Streptococcus pneumoniae, Haemophilus influenzae, S.aureus, Moraxella catarrhalis, etc., including in relation to strains of microorganisms resistant to fluoroquinolones, semi-synthetic penicillins and cephalosporins.

Patients received drops for 7 days, and for 5 days — on plug with the drug pre-applied to it 2 times a day, and in the following days — by instilling 3-4 drops into the external auditory canal 3times a day. The patients had an ear toilet. Prior to the start of the study, none of the patients had received antibacterial treatment. Systemic antibacterial therapy was not prescribed to patients. Treatment was started before the results of bacterial inoculation of the contents from the ear for microflora and antibiotic sensitivity. Additionally, decongestant nasal drops were prescribed to patients and the palatine tonsils were sanitized in the presence of chronic tonsillitis.The results of the study were evaluated in points on he 3rd, 5th, 7th and 10th days from the start of treatment.

Result and discussions

The analysis of patient medical histories revealed the main complaints of patients receiving a diagnosis of "exacerbation of CSOM", the leading of which were otorrhea, ear pain, ineffectiveness of conservative treatment on an outpatient basis, which was the reason for admission to the hospital.

The main etiological factors of the occurrence of perforation in patients were a history of acute purulent perforated otitis media (in 35 patients) and posttraumatic perforation of the eardrum (in 2 patients). Of the 37 patients, 3 were preparing for elective surgical treatment- tympanoplasty.

The duration of exacerbation of CSOM in patients ranged from 3 to 5-6 weeks. At the same time, patients independently or under the supervision of an otorhinolaryngologist in a polyclinic at their place of residence received conservative treatment without an obvious positive result, which included the use of antiseptic drops in the ear. The leading complaint upon admission to the department is otorrhea, abundant mucopurulent discharge from the ear, the need for an independent ear toilet, especially in the morning. Patients were also concerned about pain in an inflamed ear, which in several cases required the use of painkillers.

During otoscopy and otomicroscopy, free mucopurulent discharge in the external auditory canal after ear toilet, as well as hyperemia of the eardrum, central perforation were determined during treatment. The perforation sizes ranged from 25 to 50% of the eardrum. Hyperemia of the mucous membrane of the tympanic cavity was determined. Percussion and palpation of the mastoid process area were painless. With threshold tonal audiometry, the 1st degree of hearing loss prevailed in 28 patients, the 2nd degree in 5 patients, 3rd degree — in 3 patients, 4th degree — in 1 patient.

Pseudomonas aeruginosa and Staphylococcus aureus were most often sown in smears. When determining the sensitivity of pathogenic microflora, a high degree of sensitivity to rifamycin was revealed. In patients receiving Otofa topically (the active ingredient is rifamycin), relief of symptoms such as pulsating noise and pain was noted as early as the 3rd day of application of Otofa drops. As for the otoscopy data, the severity of purulent discharge from the ear in patients significantly decreased by 5th day after the start of therapy with Otofa ear drops

Conclusion

The choice of local antibacterial therapy is based mainly on the safety of active substances in relation to the mucous membrane of the middle ear, the absence of an ototoxic effect. It should also be mentioned the need for a wide antibacterial spectrum of action, given the fact that the microflora that causes an exacerbation of CSOM has both natural and acquired resistance to most of the drugs used in the practice of an otorhinolaryngologist of the penicillin, cephalosporin series and fluoroquinolones. In relation with this in practice, the drug Otofa is successfully used — ear drops with the active ingredient rifamycin.

The results of the analysis show the high effectiveness of treatment of patients with exacerbation of chronic purulent tubotimpanal otitis media with rifamycin-based drops, due to the wide antibacterial spectrum of the drug and the presence of macrogolum in the composition. Thanks to the macrogolum, the contact time of the active substance with the mucous membrane is prolonged, long-term exposure and constant the bactericidal concentration of the antibiotic at the site of application. In addition, the presence of macrogolum in the composition ensures high activity of the Lymph in the presence of a pathological discharge. It is important to note that Otof drops, unlike most other ear drops, are made on a water basis, do not contain alcohol, this ensures safe and painless injection of the solution into the middle ear in the presence of a perforation of the eardrum.

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