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Middle Ear Monitoring in Children

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The aim of our study was to analyze the possibility of middle ear monitoring in children to predict chronicity and recurrence of otitis media. Material and Methods: Children aged 1 to 7 years of life were monitored by screening tympanometry and screening otoscopy during 2 years. Workup also included complete audiological examination: Impedance Audiometry, Conventional Audiometry, Oto-Acoustical Emissions and Brainstem Electrical Response Audiometry and X-ray examination of paranasal sinuses, bacteriologic examination, spiral CT with 3D reconstruction of tympanic cavity and mastoid process. Oto-microsurgical intervention by modified method was done in children with recurrent and chronic otitis media. Results. Pre-chronic and recurrent forms were diagnosed in 36 % and 18 % of children with respiratory pathology, in difference from healthy group, 3% and 4 % ($p < 0,001$). In children with gastrointestinal problems chronic middle ear pathology was diagnosed rare, but recurrence-chronicity rate in both groups were more than 60 %. Conclusions: Effectiveness of middle ear monitoring in children with chronic recurrent somatic pathology is confirmed by high recurrence / chronicity rate of otitis media. Middle ear monitoring in practically healthy children is not justified. Information from complex audiological examination is sufficient for diagnostics of conductive hearing loss but not sufficient for differentiation of otitis media forms and indication of surgery. Complex audiological, otomicroscopical, radiological and microbiological examination is necessary for children with chronic otitis media with effusion and recurrent otitis media for indication of correct treatment.