

BÖLÜM 12



KRONİK OTİTİS MEDIA (KOM)

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Tanımı: Orta kulaktaki enflamasyonun ve zardaki geri dönüşümsüz değişikliklerin (perforasyon, adhezyon ve.s) üç aydan fazla sürmesi kronik otitis media (KOM) olarak adlandırılır^{1,2}

Sınıflaması: KOM Chole tarafından önerilen *kolesteatomlu veya kolesteatomsuz, orta kulak atelektazisi ve adeziv otitis media* olarak sınıflandırılabilir³. Hem de etiyoloji ve histopatolojik özelliklerine göre beş ana gruba ayrılır:

1. Alerjik tubotimpanitis,
2. Kronik mukozal otitis media,
3. Kronik mukozal ve kemik nekrozu gösteren otitis media,
4. Özel tip KOM (Tüberküloz veya sifiliz),
5. Kolesteatomlu KOM.

KOLESTEATOMSUZ KRONİK OTİTİS MEDIA.

1. Risk faktörleri.

- **Genel faktörler:** Kötü yaşam şartları, kötü hijyenik koşulları (düşük sosyo-ekonomik seviye), beslenme şartları, mevsimsel özellikler, radyasyon, alerji, sigara, bakteriyel, genetik ve konağa ait

(bağışıklık yetmezliği, ek hastalıklar) bir çok multifaktörler KOM sıklığını arttıran *genel* risk faktörlerindedir⁴⁻⁸.

- **Lokal faktörler:** KOM'da iki lokal faktör var: üstaki tüpü ve mastoid havalanması.
 - a. Üstaki tüpünün siliyer aktivitesinde ve koruma özelliğinin bozulması nazofarengeal kolonizasyona ve orta kulak enflamasyonunun tekrarlanmasına, hastalığın kronikleşmesine neden olmaktadır. Örneğin üstaki yapısal bozukluklar (yarık damak, Down sendromu), siliyer aktivite bozukluğu (Kartagener sendromu), radyasyon ve.s
 - b. Mastoid havalanmanın bozuk olduğunda orta kulak gaz "değişim" mekanizmasında bozulmalara neden olduğundan orta kulak ve timpanik membranda kalıcı patolojilere neden olabilmektedir (3).

1. Patojenler: Miks flora; gram negatif basiller (Pseudomonas, Klebsiella, Proteus, E. coli) ve anaeroblar (9)

2. Patofizyoloji: KOM'da enflamatuvar sürecin kronik devam etmesi sebebi ile orta kulak yapılarındaki değişiklikler ve sekeller

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Intrakranial Komplikasyonlar

1. Menenjit
2. Epidural (Ekstradural) Apse
3. Subdural Apse
4. Beyin apsesi
5. Lateral Sinüs Tromboflebiti
6. Otitik Hidrosefali

4) Kronik Otitis Media'da cerrahi tedavi yöntemleri :

1. Timpanostomi (Ventilasyon Tüp (VT)) ve Miringotomi
2. Adenoidektomi
3. Timpanoplasti
4. Mastoidektomi:
 - CWU (Canal wall up - kapalı teknik)
 - CWD (Canal wall down, Modifiye Radikal Mastoidektomi - açık teknik)
 - Bondy Modifiye Radikal Mastoidektomi
 - Radikal Mastoidektomi:
 - Timpanomastoidektomi:

5) Cerrahi Komplikasyonlar: fasiyal sinir yaralanması; korda timpani yaralanması;İTİK, SNİK, BOS kaçağı, vertigo, enfeksiyon tekrarlanması,

- 6) E
- 7) A
- 8) D
- 9) C
- 10)C

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