INTERNATIONAL JOURNAL OF MEDICAL SCIENCE AND PUBLIC HEALTH **RESEARCH (ISSN – 2771-2265)**

VOLUME 04 ISSUE 11 Pages: 77-80

SJIF IMPACT FACTOR (2021: 5.456), (2022: 5.681), (2023: 6.591)

OCLC -1242424495









International Journal of Medical Science and Public Health Research

Website: Journal https://ijmsphr.com/in dex.php/ijmsphr

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RESULTS IN THE SHORT TERM AFTER MYRINGOPLASTY

Submission Date: October 30, 2023, Accepted Date: November 04, 2023, Published Date: November 09, 2023

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Timely recognition and rational treatment of hearing loss in inflammatory diseases of the middle ear is one of the most important tasks of modern otorhinolaryngology. Purulent inflammation of the middle ear, both acute and chronic, still remains one of the most common diseases of the ENT organs and in the structure of the pathology of the ENT organs constitutes from 5.1 to 58% of cases, and from 8.6 to 37% of cases are the cause of the degree hearing loss.

KEYWORDS

Hearing loss.



The problems of diagnosis and treatment of purulentinflammatory diseases of the middle ear and their consequences are relevant and currently this is explained by the fact that purulent-inflammatory diseases of the middle ear - acute and chronic - are the most common diseases among the pathologies of ENT organs and occupy one of the leading places. Thus, the incidence of purulent otitis media among adults ranges from 13.7 cases per 1000 population, among adolescents - 8.7, among children 6.7 [1]. Among patients seeking help with pathology of ENT organs, the number of patients with otitis media reaches 28.5%.

In recent years, the trend towards an increase in the frequency of purulent-inflammatory diseases of the middle ear has continued and, according to some authors [2-4], ranges from 13.7 to 53% per 1000 population, and the proportion of its cholesteatoma form ranges from 24 to 63%. What is the reason? Why are these diseases so widespread, and the number of patients with this disease is constantly increasing, despite the development of modern methods of therapy? The issue is very complex and unsolvable, so there is a constant search for the development of

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pathogenetic-based therapy for purulentinflammatory diseases of the middle ear [8-11].

It should be noted that X-ray studies at the present stage of diagnosis cannot satisfy the requirements of otosurgeons. Therefore, computed tomography studies are now widely introduced into practice, carried out before and after reconstructive plastic and hearing-improving operations for chronic otitis media [12]. Computed tomographic studies provide valuable information about the condition of all anatomical structures, up to the condition of the auditory ossicles, the condition of the auditory tube, cicatricial changes in the tympanic cavity, etc. In recent years, a series of computed tomographic studies have appeared on chronic purulent and adhesive otitis media [5-7].

RESULTS

Since the development and implementation of the basic principles of tympanoplasty into clinical practice. the methods and techniques of these interventions have continued to be improved to this day. This is explained, on the one hand, by the complexity and variety of pathologies encountered in chronic

inflammation of the middle ear, and on the other, by the insufficiently satisfactory outcome of the operations performed. There is no doubt that the outcome of the operation can be influenced by a variety of factors: the correct selection of patients for surgical intervention, preoperative preparation of patients, the choice of a particular technique used by the otosurgeon, his qualifications, that is, many factors that are not always covered in published works. Therefore, it is difficult to compare and analyze data reported by different authors.

Considering this circumstance, we planned to use our own material to compare the results of myringoplasty performed in the same conditions of our clinic using 2 types of materials\:

- Xenograft from sheep pericardium.
- Fascia from the temporalis muscle.

This makes it possible, in our opinion, to conduct a deeper comparison of the data obtained regarding the effectiveness and analysis of the results of individual myringoplasty techniques (Fig. 1, 2).

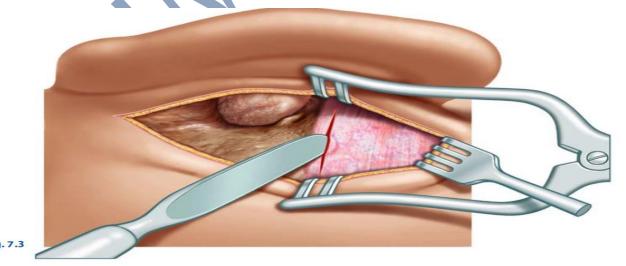


Figure 1. Temporalis muscle fascia for closure of tympanic membrane defect.

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For this purpose, we retrospectively analyzed patients with dry mesotympanitis who underwent myringoplasty for the period from 2017 to 2019. The analyzed results of these operations were compared in relation to their effectiveness and prognosis; for this purpose, the morphological state of the hearing organ in the pre- and postoperative period was studied in detail.

The results of examination of patients before discharge were assessed as immediate after surgery (Fig. 2).



Figure 2. Study of the dynamics of the morphological structure of the tympanic membrane when using a xenograft from the sheep pericardium.

Patient: A. Condition after myringoplasty using xenograft from sheep pericardium. Observation after

10 days after a month, there is swelling of the neotympanic membrane and vascular injection (Fig. 3).



Figure 3. Study of the dynamics of the morphological structure of the tympanic membrane when using the deep fascia of the temporalis muscle.

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Patient: S. Condition after myringoplasty using autofascia of the temporalis muscle. Observation after a month, there is swelling of the neotympanic membrane and vascular injection.

CONCLUSION

Study of the dynamics of threshold, conversational audiometry, impedansometry, tympanometry in patients after the use of a xenograft from the sheep pericardium.

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