

ASSESSMENT OF THE EFFECTIVENESS OF TRANSPLANTS BY CLINICAL AND ANATOMICAL RESULTS

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ABSTRACT

The clinical course of the inflammatory process in the middle ear in most cases ends with the healing of the eardrum, leaving gross scar changes and salt deposits, or persistent perforation remains on the eardrum, which naturally leads to varying degrees of hearing loss. As is known, the insufficient effectiveness of conservative treatment methods, the high degree of hearing loss in chronic inflammatory processes in the middle ear at the present stage of development of otosurgery, dictated the need to develop methods of gentle sanitizing operations as the first stage of functional reconstructive operations - tympanoplasty. Naturally, this led to further searches for the most optimal methods of gentle operations, the development of one-, two- and three-stage tympanoplasty. At the same time, to achieve the best surgical results, great importance was attached to preserving the architectonics of the external auditory canal and the air cavities of the middle ear. In this regard, in recent years, "closed" methods of surgical treatment of chronic hemorrhagic obstruction using various plastic materials have become increasingly widespread.

KEYWORDS

Perforation, graft, tympanoplasty, middle ear.

INTRODUCTION

Currently, otosurgeons adhere to a single treatment tactic: all patients with chronic purulent otitis media should undergo surgery. Therefore, surgical interventions have become the leading link in the treatment of patients with chronic purulent mesotympanitis [5]. Long-term and numerous clinical trials of the proposed methods of surgical interventions and the listed grafts have made it

possible to establish that their use develops a number of complications, among which the most significant are lateralization or retraction of the graft, suppuration and rejection, recurrence of the tympanic membrane defect, which in some cases requires repeated surgery for collecting plastic material [8]. It should be noted that the effectiveness of tympanoplasty, both in the functional and morphological aspects, depends on many factors, such as the correct selection of patients,

tympanoplasty options , the type and methods of placing grafts for postoperative management of patients [1-4].

Therefore, today, the opinions of various authors on various issues of tympanoplasty are varied; a search is underway for optimal options both with regard to the selection and fixation of the graft (skin, cartilage, fascia, etc.), as well as postoperative management of patients. Despite significant advances achieved in reconstructive surgery of the middle ear over the past two to three decades, the problem of surgical restoration of the integrity of the eardrum still remains relevant. [3,7] . The ultimate goal of operational measures is to create conditions for sound transformation [9-12], i.e. complete closure of the defect, creating a neotympanic membrane, anatomically and acoustically similar to a normal tympanic membrane [13].

Currently, a huge amount of clinical material has accumulated in the literature on the treatment of chronic purulent otitis media. The main principle of conservative treatment is aimed at eliminating the inflammatory process in the middle ear. This took into account the species composition of pathogenic microflora, the state of local and general immunity, the degree of intoxication of the body, the degree of the destructive process in the middle ear and a number of factors that are significant during chronic inflammatory processes [14].

In recent years, conservative therapy for chronic purulent otitis is provided as the first stage of reconstructive plastic and hearing-improving operations [6]. Because eliminating suppuration from the ear for a short or long period does not mean eliminating or restoring those morphological and functional disorders that are indicated in the review.

Covering the principles and methods of conservative treatment of chronic purulent otitis in this review is not part of our task, since they are sufficiently covered in special scientific works and monographs [8].

RESULTS

The results of surgical treatment were assessed according to two criteria: clinical-morphological and functional within 1.3-6 and more than 6 months after surgery. Otoscopy and audiometry were used for assessment.

The anatomical results of the operations performed were assessed 1, 3, and more than 6 months after the operation. Conventionally, we assessed the anatomical results as excellent and unsatisfactory. The results were considered “excellent” in the absence of reperforations, deviations, the newly created tympanic membrane from the initially specified position, and the neotympanic membrane being mobile and in its “natural” position. Accordingly, results were considered “unsatisfactory” in the presence of reperforation and/or deviation of the graft from the initially specified position in various sections.

The first group (excellent result) included cases where there were no clinical signs of inflammation in the operated ear. The shape of the external auditory canal was anatomically formed. The tympanoplasty flap was a type of integral movable membrane, the anterior meatotympanic angle was correctly formed.

The group with good results included patients who had no clinical signs of inflammation in the operated ear and no relapses of the disease. The shape of the external auditory canal was close to normal, but there was a moderate retraction of the neotympanic flap, the mobility of which was partially limited (Table 1).

Table 1.

Anatomical results of patients of clinical groups I and II at 1, 3-6, and more than 6 months after surgery

Result	1 month		3-6 months		more than 6 months	
	Group I	Group II	Group I	Group II	Group I	Group II
Great	27/93.16%	29/100%	23/78.4%	26/89.65%	22/75.86%	24/82.75%
unsatisfactory	2/6.89%	0/0.0	6/20.68%	3/10.34%	6/20.68%	5/17.24%

By the 6th month of observation, unsatisfactory anatomical results of treatment in group I [main] were 20.68% [6 patients], excellent results were achieved in 75.86% [22 patients]. In group II, respectively - 17.24% [5 patients] and 82.75% [24 patients].

CONCLUSIONS

Evaluating the data obtained from pure tone threshold audiometry 6 months after surgery, we can conclude that in both study groups in the postoperative period there was an improvement in air sound conduction indicators.

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