Tuberculous otitis media –case review

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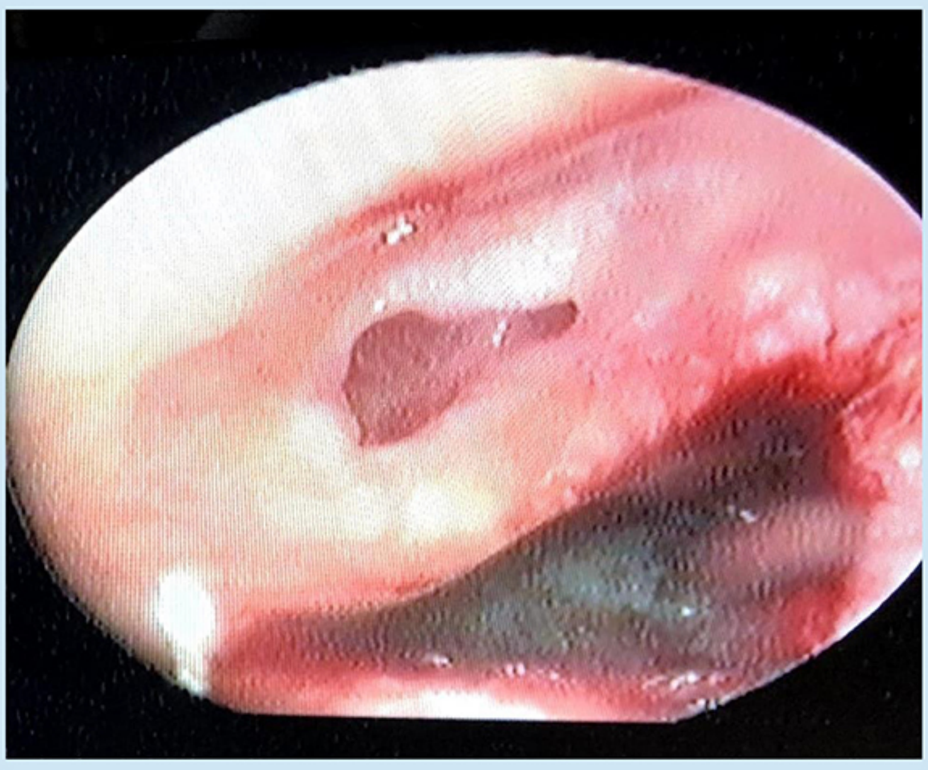
Introduction

Tuberculosis is an important disease as it remains a major cause of morbidity and mortality globally . In 2018, there were an estimated 1.7 billion people worldwide infected with ***Mycobacterium tuberculosis*** , of which it caused active disease in 10 million people, and the death of 1.5 million people. Tuberculous otitis media (TOM) is reported in approximately 0.05–0.9% of chronic middle ear infections Tuberculous otitis media is a rare cause of chronic suppurative infection of the middle ear and mastoid. Patients have a chronic tympanic membrane perforation and ear drainage, unresponsive to routine therapy, associated with progressive and profound hearing loss and facial nerve palsy.

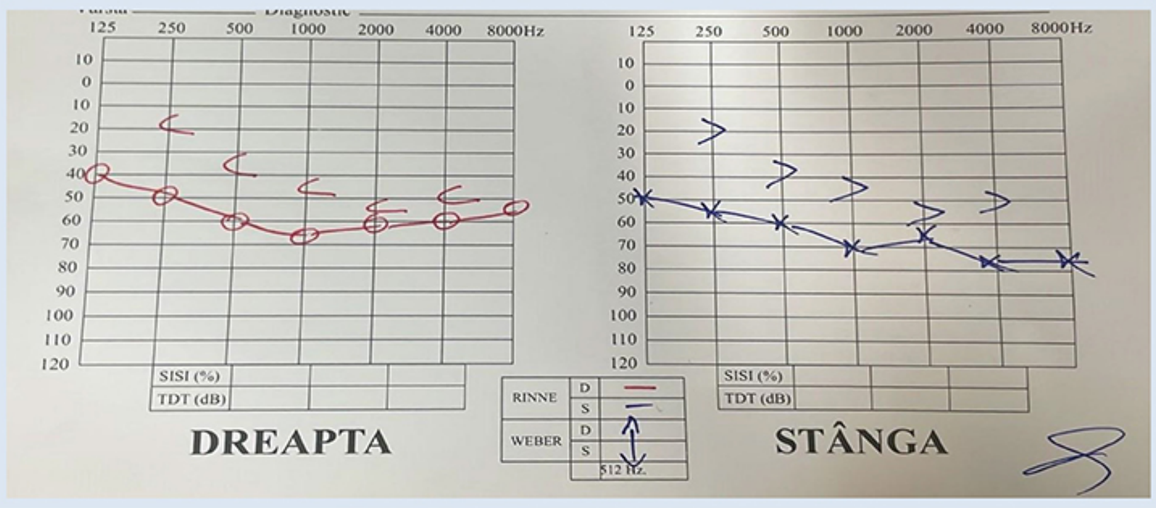
Materials and Methods

The aim of this article is to present the ENT experience with this kind of diseases. Symptoms such as ear discharge unresponsive to classic treatment, unusual tympanic perforation (double) are suggestive for otic tuberculosis. TOM is usually exists with a lesions suggestive for pulmonary TB



Results

A 36-year-old female was referred to National Institute of ENT Bucharest for persistent right ear drainage that began approximately 3 years ago, right facial palsy ns severe hearing loss.
Clinic exam observe facial palsy;
The microscopic exam of the right ear remark congestion of the soft tissue, thick tympanic membrane with double large perforation, pearl white color, small bleeding areas – suggestive clinical aspect for TOM ,
Audiometry – mixt hearing loss
Chest X-ray – describe a pulmonary lesion in right upper lobe suggestive for TB
Culture from the external auditory canal – aspergillus
Biopsy from middle ear remark caseous necrotic tissue



Conclusions

Standard management of TOM is anti-tuberculous medications for at least six months. Surgery is reserved for complications, but given the challenge in identifying the disease, the diagnosis is often made peri- or post-operatively. Varied versions of diagnostic-management algorithms of TOM have been suggested , but the underlying theme is that repeated samples for histopathology and microbiological testings are often required. Negative tests do not necessarily exclude TB; even without positive culture results, commencing empirical treatment is recommended based on clinical grounds and suspicion

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