

43. MALIGNANT EXTERNAL OTITIS. EXPERIENCE OF THE OTORHINOLARYNGOLOGICAL CLINIC OF THE REPUBLICAN CLINICAL HOSPITAL "TIMOFEI MOȘNEAGA"

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Introduction. Malignant otitis externa, also known as necrotizing otitis externa, is an invasive infection of the external auditory canal and adjacent soft tissues and is a relatively rare complication of otitis externa. The infection begins as an otitis externa, but can progress to osteomyelitis of the temporal bone. In about 95% of cases the etiological agent incriminated is *Pseudomonas aeruginosa*. The incidence of MOE has increased recently due to the increase in the elderly population with diabetes. Possible complications that may occur are endocranial, facial nerve palsy, brain abscess and dural sinus thrombophlebitis.

Aim of study. Presentation of the experience of the otorhinolaryngology clinic in the treatment and management of malignant otitis externa.

Methods and materials. Retrospective study on the problem of malignant otitis externa during the period 2017-2021, Republican Clinical Hospital "Timofei Mosneaga", otorhinolaryngology clinic. 5 clinical cases of necrotizing otitis externa were analyzed. Accusations presented by patients: persistent otalgia with nocturnal exacerbation, purulent otorrhea, foul-smelling and resistant to local therapy, feeling of fullness in the ear. The alarm signal at otoscopic examination is triggered by the presence of granulation tissue at the osteocartilaginous junction of the ear canal.

Results. Two cases underwent drug treatment, one of which was complicated by a possible facial nerve paresis. Three of the cases resulted in death due to endocranial complications.

Conclusion. Antipseudomonal antimicrobials are the mainstay of therapy in malignant otitis externa. Recurrence of the disease is reported in 9-27% of patients. Otitis externa may recur up to one year after completion of treatment, during which time the patient is not yet fully cured. Given the severity of the disease and increased mortality (up to 50%), vigorous prevention measures and active cooperation between the otolaryngologist, endocrinologist and neurologist are required.