

3. CHRONIC SUPPURATIVE OTITIS MEDIA COMPLICATED WITH FACIAL PARESIS



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Introduction. Chronic otitis media (COM) is a recurrent infection affecting the middle ear and/or mastoid air cells, often accompanied by a perforated tympanic membrane (TM). Additionally, COM may progress to a condition known as cholesteatoma, characterized by the presence of a skin cyst situated behind the eardrum. As the cholesteatoma enlarges over time, it damages the fragile middle ear bones. Both chronic otitis media and cholesteatoma have the potential to extend into the inner ear, resulting in enduring complications such as hearing loss, vertigo, and facial paralysis. If the infection spreads further to the brain, it can lead to severe health issues.

Case statement. We present the case of a 29-year-old patient, who had facial paresis consulting a neurologist and that took the medical treatment and did physiotherapeutic procedures with no success, with the general mood going worse, associating left facial hemiparesis. Since childhood he has suffered from hypoacusis on the left ear. Based on clinical exam the patient is diagnosed with chronic suppurative otitis media, for treatment being decided to perform enlarged petromastoidian evidation with facial nerve decompression.

Discussions. Under local anesthesia and sedo-analgesia, in aseptic conditions, there was performed retroauricular incision with taking off the soft tissues and highlighting the Spine of Henle and the mastoid region, the mastoid was milled, in the attack triangle we visualize the external cortex, the first pneumatic cells. In the projection of the antrum there are highlighted masses of cholesteatoma, upon removal of the cholesteatomatous content and the posterior wall of the external auditory canal, the portion of the facial nerve is highlighted in the tympanic region, the nerve being exposed, it was edematous, it was decompressed with the help of curette, there was scooped fallopian tube to the region digastrica, along the entire route of the edematous nerve. There was also identified the presence of cholesteatoma with dissemination in the lateral semicircular canal with its destruction and the posterior semicircular canal. The surgery was finished with an open wound. Dressings were performed daily, after 10 days the wound was sutured and meatoplasty was performed.

Conclusions. The case emphasizes the seriousness of chronic suppurative otitis media (COM) progressing to cholesteatoma, leading to significant complications, and also demonstrates the importance of early diagnosis and proper treatment that could avoid facial paresis and other complications.