

CLINICAL FORMS OF CHRONIC SUPPURATIVE OTITIS MEDIA AND THEIR PREVALENCE AMONG PATIENTS

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Introduction. Chronic suppurative otitis media (CSOM) is a purulent inflammatory disease of the tympanic cavity and is clinically divided into several forms: mesotympanitis, epimesotympanitis, and epitympanitis. Each form differs in its anatomical localization, clinical manifestations, risk of complications, and therapeutic approaches.

Aim of the study. To determine the prevalence of different clinical forms of CSOM and to analyze their distribution according to age and sex.

Materials and methods. A total of 150 patients were included in the study. Based on clinical classification, patients were diagnosed with mesotympanitis, epimesotympanitis, or epitympanitis. Age, sex, disease duration, and main clinical symptoms (amount of discharge, pain, and hearing loss) were recorded. Statistical analysis was performed to determine differences between the groups.

Results. The findings showed that mesotympanitis accounted for 55–60% of all cases, epimesotympanitis for 30–35%, and epitympanitis for 8–12%. Age-related analysis revealed that mesotympanitis was more frequently observed in the 25–45-year age group, whereas the proportion of epimesotympanitis was relatively higher in older patients. Although epitympanitis was less common, it was associated with a higher risk of complications such as cholesteatoma and mastoiditis.

Discussion. The differentiation of clinical forms is related to the anatomical features of the middle ear, immunological responses, and the patient's reaction to treatment. Mesotympanitis is often well managed with conservative therapy, while surgical intervention is more frequently required in epimesotympanitis and particularly in epitympanitis. These data are important for early patient stratification and the development of individualized treatment plans.

Conclusion and recommendations. Accurate classification of CSOM clinical forms and understanding their distribution by age and sex assist in making treatment decisions and planning preventive strategies. In clinical practice, it is important to improve diagnostic algorithms and ensure early detection of patients using imaging and immunological assessments, followed by appropriate therapy.