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شبكة المعلومات الجامعية

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شبكة المعلومات الجامعية

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التوثيق الالكتروني والميكروفيلم

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التوثيق الإلكتروني والميكروفيلم

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بالرسالة صفحات لم ترد بالأصل

Menoufyia University
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Endoscopic Evaluation of Eustachian Tube in Otitis Media with Effusion

THESIS

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introduction

Introduction

Otitis media with effusion is characterized by a non-specific inflammation of the middle ear mucosa and secretory transformation of the epithelial layer, resulting in fluid accumulation in the middle ear space (**Ovesen, et al., 2000**).

Many sequential studies have reported that between 20% and 50% of children will have an episode of otitis media with effusion at some time between the ages of 3 and 10 years (**Browning, 1997**).

The pathogenesis of otitis media with effusion is multi-factorial which includes factors such as infection (usually viral or bacterial), eustachian tube function, immunological status, environment and even social factors (**Bluestone, 1995**).

The commonest cause of otitis media with effusion is hypertrophied adenoids blocking the eustachian tube (**Mraran etal., 1979**).

Tympanostomy tubes have been used to treat a diverse group of diseases and conditions, but, by far the most common indication for myringotomy and insertion of tympanostomy tubes is secretory otitis media which has failed to respond to medical treatment. The purpose of the latter is to establish an adequate aeration of the middle ear

cleft with consequent reversion of the pathological changes in the middle ear mucosa (**Ransome, 1986**).

Nasopharyngoscopy is found to be simple, safe and easy method for direct visualisation of the adenoids and the nasopharynx (**Silberman, 1978**).

Aim Of The Work

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The aim of this work is the nasopharyngeal endoscopic evaluation of the eustachian tube factor involved in the causation of otitis media with effusion in children.

Review Of Litrature

Anatomy of the nasopharynx

The nasopharynx or postnasal space is mainly derived from the primitive pharynx. It lies behind the nasal cavities and above the soft palate the anterior wall is formed by the openings into the nasal cavities which allow free communication between the nose and nasopharynx on each side of the posterior edge of the nasal septum. Just within these opening lie the posterior ends of the inferior and middle turbinates. **(Beasley, 1997).**

The concept that the nasopharynx is divided into an anterior nasal and a posterior pharyngeal component is supported by embryological, morphological and functional consideration. Morphological and histological studies have shown that the anterior portion proximal to the tubal orifice resembles the nasal cavity while the posterior portion resembles the oropharynx. The junctional zone is the belt along the tubal orifice where the first and third pharyngeal arches meet. The tubotympanic recess, the precursor of the eustachian tube is formed mainly from the second pharyngeal pouch (between the first and the third pharyngeal arches) while the pharyngeal muscles are derived from the third and the fourth pharyngeal arches **(Kanagasuntheram, et al., 1969).**