CHRONIC OTITIS MEDIA
(Chronic Suppurative Otitis Media)
COM comprises a permanent drum perforation with or without chronic infection, myringitis, mastoiditis, ossicular fixation or necrosis.
COM ranges from a small uncomplicated perforation to complex pathology.
Longstanding cases are frequently complicated by myringitis, here surrounding the defect.
Small anterior defects may remain covert, particularly if the EAC is narrow and tortuous, or if exostoses intrude.
Even large defects may remain stable and infection-free over many years, causing only slight hearing loss.
Total drum losses will incur conductive losses of 30db or more, particularly if the ossicles are damaged.
COMPLICATIONS
Myringitis may become a prime cause of otorrhoea, requiring removal of the diseased tissue to effect a cure.
Repeated infection may result in chronic mucosal changes, scarring and tympanosclerosis.
Extending chronic mucosal infection may degenerate into chronic mastoiditis that may require surgical intervention (mastoidectomy).
Repeated or severe infection may cause gradual necrosis of the long process of the incus, leaving only tenuous contact with the stapes or a fibrous band.
Longstanding disease may result in heavy tympanosclerotic deposits, with calcification or secondary ossification fixing the chain.

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Severe conductive or mixed losses are common in COM.
Surgical repair requires operating microscope techniques and considerable specialised skills.
Temporalis fascia or tragal perichondrium are usually employed to repair drum defects.
Soft tissue myringoplasty should deliver an intact drum and good hearing recovery in over 90% of cases.
More complex cases, e.g. drum collapse after chronic tubal insufficiency, will require the use of cartilage and perichondrium composite grafts to prevent re-collapse.
Composite grafts: Donor sites in the cymba conchae and the intercrural fossa. These grafts are used in severe disease or if tubal failure persists.
The composite grafts are thinned and placed under the drum remnants, supported on a bed of Gelfoam.

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Partial or total composites may be used. In this case, posterosuperior collapse has been repaired, with the composite graft also shielding an ossicular prosthesis.
Total drum repair with a composite graft, including a notch at 12 o’clock to accommodate the handle of the malleus.
Associated chain pathology is corrected using a titanium ossicular replacement prosthesis.
COM is commonly associated with deafness and infection.

Hearing losses may be major.

Optimal results require specialised otological expertise.