



INTRODUCTION

INTRODUCTION AND AIM OF THE WORK

Secretory otitis media (SOM) is one of the commonest diseases of childhood, it has been shown that up to 80 percent of all children experience at least one episode of SOM by the age of 5 years (Tos et al., 1984).

The condition characterized clinically by the persistence of a mucinous or serous effusion behind an intact tympanic membrane, has a peak incidence between the ages of 3 - 6 years and has usually undergo spontaneous resolution by the age of 12 years (Rockley et al., 1986).

Spontaneous recovery is seen in the majority of cases (Tos., 1980). When the fluid persists longer than three months, the middle ear effusion (MEE) is considered to be chronic and surgery is indicated. (Smyth et al., 1983).

Even though eventual spontaneous resolution is the role, the disease is clinically important for two reasons:

first, because the variable conductive deafness it produces during early school years may impair a child educational progress and secondly because SOM is widely considered to be the precursor of all forms of chronic suppurative ear disease in late life (Tos et al., 1984).

The disease is classified according to the nature of the fluid into :

- (a) Serous fluid: of low viscosity and straw colour.
- (b) Mucoid fluid: thick fluid often called glue ear.
- (c) Bloody MEE : due to some epithelial vascular leakage.

Aim Of The Work :

The aim of this work is evaluation of medical treatment in secretory otitis media.