Introduction

Secretary otitis media is defined as chronic effusion in the middle ear cavities behind intact tympanic membrane without acute infection **(Portier et al.,2001).**

Otitis media with effusion is the commonest cause of deafness in the children in the developed world affecting up to 8% of preschool children, it is characterized by presence of middle ear effusion for 3 months or more. Potentially leading to language deficit, therefore effective prevention and treatment is considered imperative **(Bayramoglu et al., 1997).**

Mastoid is natural gas reservoir that shares the middle ear pressure aberration well pneumatized mastoid are rarely involved in chronic otitis media **(Portier et al .,2001).**

Pneumatization is the process by which epithelium infiltrate developing bone resulting in epithelial- lined air cell tract within bone. It is not clear whether the chronic middle ear disease leads to inadequate development of the mastoid or vice versa **(Lockwood et al .,2004).**

Mastoid pneumatization might be considered as aprognostic indicator in secretory otitis media and the estimated prognosis is poor when the mastoid pneumatization is poor **(Rosen felf et al .,2004).**

Aim of the work

The aim of the present study is to evaluate the efficacy of the degree of mastoid pneumatization in cases of secretory otitis media (evaluated by computed tomography of temporal bone and tympanometrical study) .