SUMMARY AND CONCLUSION

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The present study was performed on 70 neonates (30 intensive care unite neonates and 20 full term neonates & 20 outpatient neonates to establish the normal microotoscopic appearance of newborn tympanic membrane and to determine prospectively the prevelance and bacteriology of MEE in ICU neonates in comparisone with controle group of full term neonates.

The normal appearance of the newborn T.M. differes greatly from that of younge children. Most significant are collapsed and distensible external auditory skin and horizantal orientation of tympanic membrane.

As regared prevelance of MEE in bot ICU and fullterm neonates, a high incidence of MEE has been reported among ICU neonates (30%) than among full term neonates (10%).

There was no statistical singificant for sex and age of neonates in relation to MEE affection.

As regard percentage of MEE in relation to risk, wefound that (33.3%) of premature babies showed MEE and (50%) of babies with pneumonia showed MEE. If pneumonia was complicated by septicaemia, MEE occured in (66.7%) of these cases. In case of Jaundice. we had MEE in 20% of cases. According to unilateral and bilateral MEE in relation to risk, we found that premature babies and those with septicaemia and Jaundice had 100% bilateral MEE and neonates

suffering pneumenia showed 66.7% of cases with bilateral MEE and 33.3% of cases with unilateral MEE.

As regard bacteriology of suppurative MEE in ICU neonates, we found high incidence of B-striptacocci in (50%), gram negative enteric organisms in (33.3%) and staphylococcal species in (16.7%).

Aslo, fullterm neonates with suppurative MEE, we found B-streptococci in (40%), gram negative enteric organisms in (25%), H. influenza in (25%) and staphylococcal species in (10%).

In conclusion, MEE is more common in the neonatal ICU than previously suspected especially in those newborns suffering aspiration pneumenia complicated with septicaemia. Otoscopy is strongly recommended at birth , initially in all septic workups. Also, once the diagnosis of suppurative MEE is made in infant under 1 month age , we feel that diagnostic tympanocentesis is indicated since the organisms encountered in this age group are frequently resistent to antibiotics used in older children. Initial antibiotic coverage, while awaiting culture reports, should be expanded to cover gram negative enteric organisms and B-stroptococci in the outpatient department. Definitive treatment must be individualized according to culture and sensitives.