

# PROPOSAL FOR SURGICAL CLASSIFICATION OF CHRONIC SUPPURATIVE OTITIS MEDIA

DRAGOSLAVA R. DJERIC, M.D., DMS, DRAGOSLAV LJ. SAVIC,  
M.D., DMS

*From the Clinic of Otorhinolaryngology, University Clinical Center, Pasterova, Belgrade, Yugoslavia*

## ABSTRACT

The authors presented a proposal for surgical classification of chronic suppurative otitis media which may be used for evaluating the surgical outcome of the disease.

*MJIRI, Vol. 4, No. 3, 201-202, 1990*

## INTRODUCTION

The purpose of our study is to present a proposal for surgical classification of chronic suppurative otitis media which could be applied for evaluation of success of surgical treatment basing this on preoperative and operative objective condition.<sup>1</sup>

## MATERIALS AND METHODS

We have analysed 1261 medical records of patients surgically treated in our clinic for chronic suppurative otitis media. All the significant factors affecting the outcome of surgery were systematized and classified including age of the patient, contents and condition of the external auditory canal, localization of perforation on the tympanic membrane, precise hearing assessment, localization of cholesteatoma, ossicular damage, localization of tympanosclerosis, occurrence of possible otogenic complications and the presence of some general diseases or disorders influencing the clinical course and success of surgical treatment of chronic suppurative otitis media. All these elements were coded for comprehensive presentation.

## RESULTS

The resulting classification was formulated and proposed as follows:

- I. Age
  1. < 10 years

Correspondence: Dragoslava Djeric, M.D., DMS., Clinic of Otorhinolaryngology, University Clinical Center, Pasterova 2, Belgrade 11000, Yugoslavia.

2. 11-20
3. 21-40
4. 41-60
5. > 60 years

## OTOSCOPIC FINDINGS

### II. External auditory canal

1. Pus
2. Polyp
3. Granulation
4. Other

### III. Tympanic membrane (perforation)

- |                        |              |
|------------------------|--------------|
| Marginal               | Central      |
| 1. Attic               | a) Anterior  |
| 2. Posterior           | b) Posterior |
| 3. Attic and posterior | c) Inferior  |
| 4. Large               | d) Large     |
| 5. Other               | e) Other     |

### IV. Audiometric investigations of hearing loss (deafness)

- | Type             | Degree   | "Gap"       |
|------------------|----------|-------------|
| 1. Conductive    | a) 20    | A. 10 dB    |
| 2. Mixed         | b) 21-40 | B. 11-20    |
| 3. Sensorineural | c) 41-60 | C. 21-30    |
| 4. Profound      | d) 60 dB | D. 31-40 dB |

## SURGICAL FINDINGS

### V. Cholesteatoma (localisation)

1. Attic
2. Posterior part of the cavum
3. Attic and posterior part of the cavum
4. Other

- VI. Ossicular damage
  - 1. Stapes
  - 2. Incus
  - 3. Incus and stapes
  - 4. Incus and malleus
  - 5. Incus, stapes and malleus
    - a) Fixation of the footplate
    - b) Absence of the footplate
- VII. Tympanosclerosis (localisation)
  - 1. Tympanic membrane
  - 2. Stapes
  - 3. Attic
  - 4. Enlarged
  - 5. Other
- VIII. Mastoid process (damage)
  - 1. Pneumatized and osteitis
  - 2. Non-pneumatized and osteitis
  - 3. Other
- IX. Eustachian tube
  - 1. Recanalized
  - 2. Non-passable
- X. Otogenic complications
  - 1. Paralysis facial nerve
  - 2. Fistula of the labyrinth
  - 3. Labyrinthitis
  - 4. Meningitis
  - 5. Sepsis
  - 6. Extradural abscess
  - 7. Subdural abscess
  - 8. Cerebellar abscess
  - 9. Cerebral abscess
- XI. General diseases
  - 1. Allergy
  - 2. Diabetes mellitus
  - 3. Upper respiratory infection
  - 4. Immunologic disorders
  - 5. Other

Example of the surgical classification:  
I3- patient is between 21-40 years old,  
II1- Pus is present in the external auditory canal,  
III2- Posterior marginal perforation of the tympanic membrane,  
IV2cB- Mixed deafness between 41-60 d B with cochlear reserve between 11-20 dB,  
V2- Cholesteatoma in the posterior parts of the cavum tympani,  
VI3- Incus and stapes are damaged,  
VII1- Tympanosclerosis is localized on the tympanic membrane,  
VIII2- Mastoid process is non-pneumatized and osteitic,  
XI2- Patient is suffering from diabetes mellitus  
Formula is: I3, II1, III2, IV2cB, V2, VI2, VII1, VIII2, XI2.

## DISCUSSION

According to our knowledge, there is no generally accepted surgical classification of chronic otitis media. Thus it is very difficult to estimate the success of surgical treatment of chronic otitis media and to compare the results obtained using different methods by various authors. Pratt has proposed the surgical classification for chronic otitis media including types of surgical methods.<sup>2</sup>

Our proposed classification for chronic suppurative otitis media does not include surgical methods of treatment, because it is practically impossible to classify surgical methods, since a majority of otolaryngologists combine different types and also add their own modifications.

## REFERENCES

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- 2- Pratt L: Surgical classification for chronic otitis media. Laryngoscope 74: 1388-1395, 1974.