

CAUSES OF EAR PAIN AND THEIR TREATMENT

*Teacher of public health technical college
named after Republic No. 1 Abu Ali Ibn Sina
To'raqulova Dilfuza*

Annotation: *It is an inflammation of the middle ear, and this disease occurs especially in young children. This disease is quite severe, the ear hurts, the temperature rises, the hearing decreases, and it can cause complications to the brain and its membrane.*

Key words: *earache, fever, inflammation, measles, shoulder blade, young child, influenza.*

Causes of the disease. This is often caused by infectious diseases accompanied by inflammation of the upper respiratory tract: influenza, measles, scarlet fever, etc. In this case, the inflammatory process passes from the nasopharynx through the auditory tube to the tympanic cavity, the resulting pus, sometimes piercing the eardrum, flows out through the external auditory canal. Adenoids, polyps, and deviation of the nasal septum play an important role in the development of otitis media (especially in children). Symptoms and treatment In acute otitis media, the patient's ear and head hurt severely and hearing becomes difficult, in some cases the temperature rises to 37-38 ° C. The doctor prescribes the treatment. In otitis media, a sedative is prescribed on the recommendation of a doctor, which reduces pain and allows the inflammation in the tympanic cavity to subside. The ointment is applied not to the eardrum, but to its periphery. To do this, soak several layers of gauze in water or water with an equal amount of alcohol added, cut the middle of the cloth and apply it to the eardrum. The ointment should be changed every 4 hours, and in children, every two to three hours to avoid burning the skin. An equal amount of alcohol with an equal amount of water and a dry, hot ointment are applied alternately. In the treatment of middle ear, it is good to apply warmed (boiled) liquid medicines externally with a pipette. For this, a bottle with a liquid medicine is boiled in warm water for 2-3 minutes. The patient lies on his side, pressing on his healthy ear, and the medicine instilled in the ear should remain for 10-15 minutes.

For prevention, it is necessary to strengthen the body, eat foods rich in nutrients, engage in physical education and sports. Smoking and alcohol abuse cause chronic inflammation of the respiratory tract. This inflammation can later spread to the middle ear. With timely and proper treatment, the patient will recover completely. Sometimes complications of inflammation may occur or, in chronic otitis, pus may periodically flow out. The medical name for earache is otalgia. This is a disease that is especially common in children. The pain can be aching, sharp, or shooting. Most often, it goes away on its own and does not require treatment. However, there are cases when you cannot do without consulting a doctor and without qualified help.

When should you urgently consult a doctor?

- when the pain becomes noticeable after 48 hours and even increases over time;
- when the temperature exceeds 38.3 ° C;
- when fluid or pus flows from the ears;

- when a child under 2 years old complains of pain;
- when new symptoms appear: dizziness, headache, swelling around the ear or weakness of the facial muscles;
- when the active pulling pain suddenly stops (this may be a sign of a ruptured eardrum);
- when the sensations in the ear are disturbing and interfere with daily activities.

Why does the ear get clogged?

If earwax is poorly removed or for some reason it accumulates in large quantities, it can partially block the auditory canal. This usually manifests itself as a feeling of fullness in the ear and causes pain.

Differential pressure This occurs, for example, during take-off or landing on an airplane. Rapid pressure changes can cause sudden hearing loss.

Acoustic trauma

A loud sound attack, such as a rock concert, nightclub, fireworks show or noise, can cause injury - tension or even rupture of the eardrum. Depending on the duration of the disease, it is divided into acute and chronic, and depending on the degree of the inflammatory process, catarrhal, serous and purulent otitis media. Catarrhal otitis media. The causative agents of the disease are streptococcus, pneumococci and staphylococcus. Catarrhal otitis media develops when the inflammatory process passes from the nasal cavity and nasopharynx to the mucous membrane of the auditory tube and tympanic cavity. Inflammation of the mucous membrane of the auditory tube leads to a narrowing of its opening. Narrowing of the auditory tube leads to a violation of the respiratory function of the nose. This is often caused by polyps in the nasal cavity, hypertrophy of the nasal concha, adenoids, rhinopharyngitis. Diseases and tumors of the paranasal sinuses. As a result of impaired patency of the auditory tube, pressure in the tympanic cavity decreases, and the tympanic membrane is pulled inward.

Symptoms: Patients complain of ear congestion, hearing loss, slight tinnitus, and hearing their own voice more in the affected ear (autophania). The degree of hearing impairment depends on the amount of transudate in the tympanic cavity. On otoscopy, the eardrum is inwardly bent and has a slightly yellowish or bluish color. The malleus is short with a small protrusion protruding outward. In exudative otitis, fluid is visible in the tympanic cavity. In children, it is often bilateral, and hearing function is significantly impaired.

Treatment: First of all, in addition to eliminating diseases of the nose, its adjacent cavities, nasal obstruction and nasopharynx, it is necessary to restore the conductive ability of the auditory tube and remove the serum accumulated in the tympanic cavity. Drugs that narrow blood vessels and reduce swelling of the mucous membrane are instilled into the nasal cavity (ephedrine, adrenaline, galozalin, naphthyzine). Air is injected through the auditory tube. In addition, a warming compress, solux, infrared rays are prescribed. Laser treatment also gives good results.

Aerootitis. This disease occurs as a result of changes in atmospheric pressure during a rapid landing of an aircraft. The degree of conductive function of the auditory tube is of great importance in this.

Symptoms: ear congestion, pain, hearing loss, tinnitus, dizziness. Otoscopy shows a bulging eardrum. Treatment is aimed at improving the function of the auditory tube. Acute

purulent inflammation of the middle ear. This disease is caused by streptococcus, staphylococcus, influenza virus, pneumococcus and other infections that enter the tympanic cavity. Acute purulent otitis media can also occur as a complication of diseases such as measles, mumps, scarlet fever. Hypertrophic rhinitis, adenoids, polyps and tumors in the nasal cavity also play a significant role in the development of acute purulent otitis media. The onset of the disease is caused by colds, flu, and decreased body reactivity. Most often, infection enters the middle ear through the auditory tube. Usually, infection does not occur in the tympanic cavity, since the ciliated epithelium of the auditory tube does not allow this. In inflammatory diseases of the auditory tube, its barrier function is disrupted. The infection can also enter the tympanic cavity when the tympanic membrane is perforated, or through a lesion of the tympanic membrane. In rare cases, the infection enters by hematogenous route (in measles, typhus, tuberculosis). Acute purulent inflammation of the middle ear has general and local symptoms. The course of the disease can be divided into three periods: the first period is the period before the tympanic membrane is perforated; the second period is the period of perforation of the membrane and pus discharge; the third period is the period of recovery (recovery). At the beginning of the disease, the tympanic membrane is slightly red, the blood vessels are dilated. Hearing function decreases. If the disease is not treated during this period, the redness of the tympanic membrane intensifies, thickens, and hearing decreases again. Serum accumulates in the tympanic cavity in large quantities, increasing pressure there, increasing pain, and the tympanic membrane bulges outward. Pain occurs when pressing on the mastoid tumor. X-ray of the skull shows darkening of the mastoid tumor cells filled with pus, as well as erosion of some of the bone walls between the cells. Based on the collected anamnesis and the signs identified during an objective examination of the patient, a diagnosis of mastoiditis is made. To clarify the diagnosis and prevent serious complications of mastoiditis, the patient should be referred to an otolaryngologist.

Treatment: surgical - mastoidotomy is performed. The skin is cut layer by layer, opening up to the cortical layer of the mastoid tumor, then the "cavity" is punctured, gradually exposing and cleaning all the damaged cells of the tumor. During the operation, in order to preserve the hearing function of the middle ear, the posterior wall of the auditory canal is not removed and the eardrum is not touched, since in the acute inflammatory process there are no significant destructive changes in the chain of auditory ossicles of the middle ear. Chronic purulent inflammation of the middle ear. Etiology: staphylococcus, streptococcus, viruses, in 24% of cases, fungi.

Permanent signs of the course of the disease:

1. Otorrhoea - the presence of purulent discharge from the ear for 6 or more weeks. Purulent discharge can be constant or intermittent.
2. Perforation of the eardrum (in most cases, thickening around it).
3. Hearing loss, dizziness, tinnitus, headache, etc. Chronic purulent inflammation of the middle ear occurs in 2 forms: epitympanitis, mesotympanitis. Chronic purulent mesotympanitis is accompanied by inflammation of the middle and lower parts of the mucous membrane of the middle ear.

Patients complain of hearing loss and purulent discharge from the ear. Perforation occurs in the tense part of the eardrum. The discharge from the ear is mucous, mucopurulent, odorless. Causes of mesotympanitis: water in the ear, upper respiratory tract diseases, etc. During the attack, purulent discharge increases, ear pain occurs, temperature rises, and hearing decreases in a conductive type. Hearing loss does not depend on the size of the perforation, but on the movement of the auditory ossicles in the middle ear and the movement of the tympanic membrane, and is not less than 40-50 dB. Low-frequency noise in the ear is observed in 50% of patients with hearing loss. Chronic purulent epitympanitis is much more severe. The disease occurs mainly in the upper part of the tympanic cavity, the process can spread to the middle and lower parts, to the bone wall of the tympanic cavity, and to the auditory ossicles. The reason for the presence of inflammation in the upper part of the tympanic cavity is the presence of folds in the mucous membrane here. Perforation of the tympanic membrane occurs in its loose part or in the bone part. The discharge, if visible, has a foul odor, which is due to bone decay and the release of purines (indole, skatole) and the addition of anaerobic infection. Hearing loss is much less common than mesotympanic. Mixed hearing loss is more common. Otoscopy can show pus, granulation, polyps, and cholesteatoma. Cholestatoma is a cholesterol mass that occurs as a result of concentric accumulation of the epidermal part of the skin and their decomposition.

REFERENCES:

1. Soldatov I.B. Lectures on otorhinolaryngology. M. Medgiz, 1990.
2. Mominov A.I. Diseases of the ear, throat, and nose. Tashkent. 1994.
3. Blagoveshchenskaya N.S. Clinical otoneurology. M. Medicine 1988.
4. Soldatova I.B. Handbook of otorhinolaryngology.- M.: Medicine, 1997. - 608 p.
5. Bazarov V.G., Babyak V.I. Clinical vestibulology. St. Petersburg 1996.