Estudio número 7

¿Es necesario tratar la otitis serosa previamente al implante coclear? Resultados tras seguimiento a largo plazo.

En este estudio retrospectivo, realizado en pacientes de hasta 10 años, implantados entre los años 2009 y 2013, se evalúan los efectos intra y postoperatorios de la otitis meda secretora, no tratada, en los resultados de la implantación coclear. Fueron incluídos 194 casos (oídos). También se evalúa el rol de los drenajes transtimpánicos colocados antes del implante coclear.

Los casos son divididos en tres grupos: 1.- Oídos medios normales, aireados antes del implante (99 casos), 2.- Otitis serosas tratadAs con drenajes (39 casos), y 3.- Otitis serosas sin tratamiento (56 casos).

Se reseñan los hallazgos intra y postoperatorios y las complicaciones. Los hallazgos intraoperatorios fueron todos manejables y no se han relacionado con un mayor índice de complicaciones postoperatorias. La incidencia de complicaciones en todos los grupos fue baja en todos los grupos, sin diferencias estadísticamente significativas entre grupos.

Por todo esto concluyen que los candidatos a implantes cocleares con otitis serosa pueden ser implantados con seguridad, sin colocación previa de tubos de drenaje transtimpánicos, y aunque la cirugía puede ser algo más compleja, los hallazgos intraoperatorios son fácilmente manejables.

Is It Necessary to Treat Otitis Media With Effusion (OME) Prior to Cochlear Implantation? Results Over a Long-term Follow-up.

Objective
Evaluate the intra- and postoperative effects of untreated otitis media with effusion (OME) in cochlear implant (CI) patients, and to assess the role of ventilation tube (VT) introduction before implantation.

Study design
A retrospective chart review.

Setting
Tertiary referral center.

Patients
CI patients, aged 10 years or younger, implanted during 2009 to 2013.

Interventions
Cases were divided into three groups: 1) normal aerated middle ear before CI, 2) OME treated with VT, and 3) untreated OME.

Main outcome measure(s)
Intraoperative and postoperative findings and complications.

Results
One hundred ninety-four cases (implanted ears) were included. Ninety-nine aerated, 39 treated with VT, and 56 with untreated OME. Mean age at implantation was 3.1, 2.1, and 1.6 years, respectively. Granulations and edema were significantly more common in untreated OME than aerated ears (62% vs. 7%, $p<0.001$). VT reduced the rate of these findings (46%) but not with statistical significance ($p=0.1$) compared with untreated OME. Intraoperative findings were all manageable and were not associated with higher perioperative complication rates. The rates of early and late postoperative complications were low in all groups, with no significant differences between groups. Tympanic membrane perforations were encountered in two patients after VT extrusion. Rate of otorrhea was 20% during the first year after implantation and 5% at last follow up.

Conclusion
Our results suggest that CI candidates with OME can be safely implanted without preimplantation VT insertion. Implanting patients with untreated OME allows earlier implantation. CI surgery can be more challenging in the presence of effusion; however, intraoperative findings are manageable.

PMID: 27749756

DOI: 10.1097/MAO.0000000000001221

Sokolov, M.[1]; Hilly, O.; Ulanovski, D.; Shkedy, Y.; Attias, J.; Raveh, E.

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