

**PROGRESSION OF INFLAMMATION OF THE MIDDLE EAR IN  
RELATION TO AGE AND GENDER**

*Khakimov Sarvar Abduazimovich  
Tashkent Medical Academy Department of Forensic Medicine and  
Medical Law*

**Annotation:** The use of MSCT in the field of diagnostics of chronic diseases of the middle ear opens up broad prospects for medical practice. Particularly valuable is the ability to assess the condition of the eardrum using this method. MSCT is able to determine with high accuracy the presence and degree of damage to the eardrum, which is a key aspect in the process of diagnostics and subsequent treatment of chronic diseases of the middle ear.

**Keyword:** Diseases of the middle ear, MSCT

The study involved 58 patients, 47 of whom suffered from CSR, 8 of whom had bilateral lesions. Primary materials were collected in the multidisciplinary clinic of the Tashkent Medical Academy, Department of Roentgenology and Radiology, and from the archive of the Department of Otolaryngology and Maxillofacial Surgery from March 2021 to November 2022.

**Table 1.**

**Age distribution of the studied group of patients**

Age	Patients		Research
	N	%	
Дети до 10	27	58,5	35
Подростки до 18	7	12,3	8
Взрослые до 40	11	18,4	11
Старше 40	1	3,1	4
Итого	47	78,4	58

MSCT can also be used to assess the condition of the auditory ossicles and mastoid cells. Mastoid cells are cavities in the bones of the skull that are in close proximity to the middle ear. Their condition can affect the development and course of chronic diseases of the middle ear. MSCT can determine the presence of inflammatory processes, tumors or other changes in mastoid cells.

In addition, MSCT can be used to assess the condition of the inner ear. The inner ear plays an important role in the hearing and balance apparatus of the body.

MSCT allows us to determine the presence of changes in the inner ear, such as tumors or inflammatory processes that may be associated with chronic diseases of the middle ear.

At the same time, another 100 patients examined with a diagnosis of chronic otitis media were distributed by nosological forms and gender, dividing them into 4 groups. Table 2.

**Table 2.**

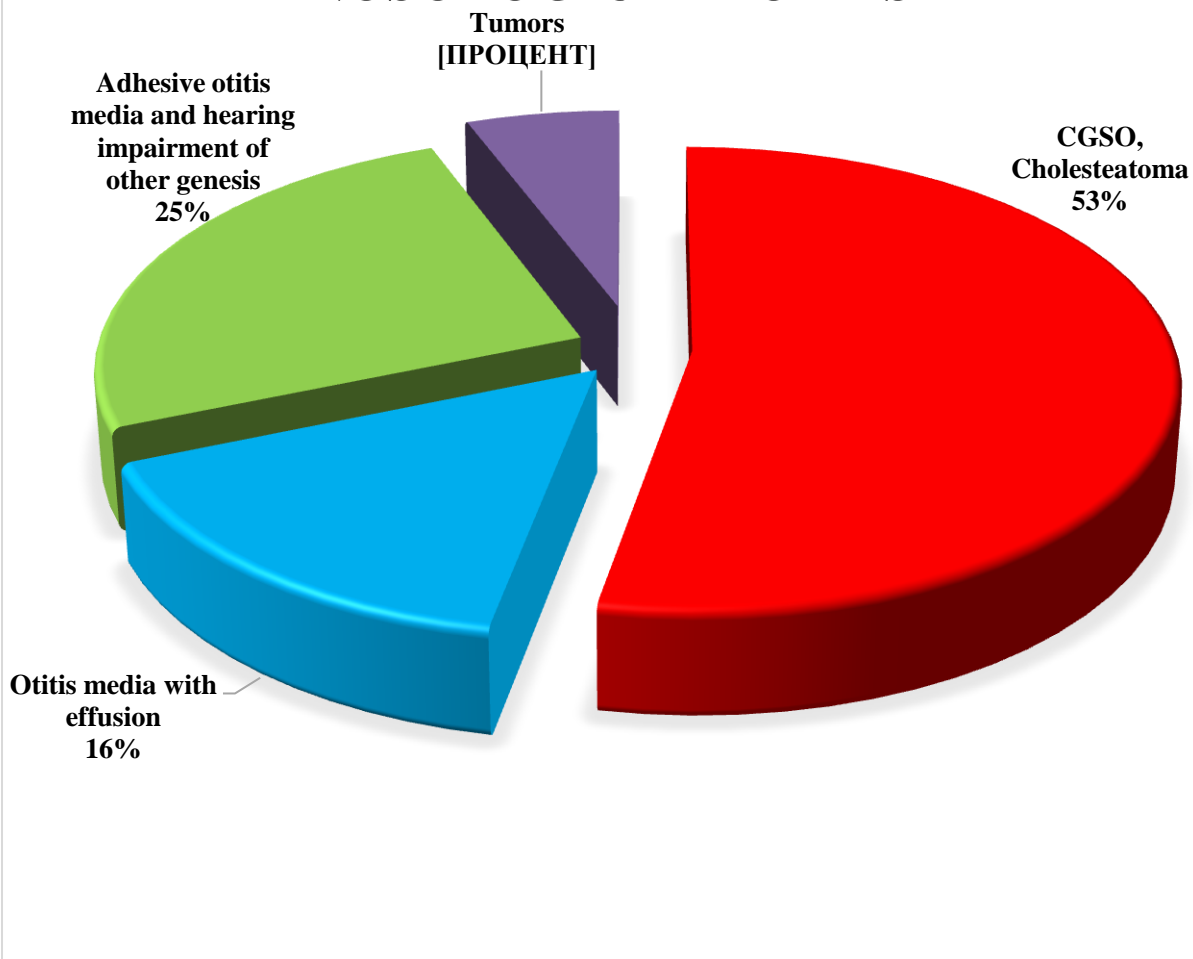
**DISTRIBUTION OF PATIENTS BY NOSOLOGICAL FORMS AND GENDER**

Nosological form	Man	Woman	Total number of patients	
			N	%
CHMO, Cholesteatoma	17	10	27	52,9
Exudative otitis media	6	4	10	15,7
Adhesive otitis media and hearing impairment of other origins	9	6	15	25,4
Tumors	2	3	5	5,8
<b>Total</b>	<b>34</b>	<b>32</b>	<b>66</b>	<b>100</b>

As shown in Table 3, the ratio of men to women examined was 1:0.8. The age of the patients ranged from 5 to 60 years. Data on age and gender for each medical category are presented in the corresponding sections.

To achieve the objectives of the dissertation, we analyzed 65 patients using computed tomography, after which 37 of them were operated. In 65 patients, pathomorphological data corresponding to the radiological diagnosis were confirmed.

## DISTRIBUTION OF PATIENTS BY NOSOLOGICAL FORMS



*Fig. 1. shows the frequency of encountered forms of CHMO*

Of the 100 patients who underwent MSCT examination, only 65 patients were found and diagnosed with various forms of CHMO.

- CHMO, Cholesteatoma-53%
- Adhesive otitis media and hearing impairment of other genesis -25%
- Exudative otitis media - 16%
- Tumors-6%

Thus, MSCT is an effective and safe method for diagnosing chronic diseases of the middle ear. It allows obtaining detailed and accurate images, determining the characteristics and spread of the disease, and assessing the condition of the eardrum, auditory ossicles, mastoid cells and inner ear.

### LITERATURE

1. Джейкобс В., Тодд Н.У. Регионарные и внутричерепные осложнения среднего отита. // В: Детская отоларингология. / Под редакцией

- Уэтмор Р.Ф. - Нью-Йорк, Штутгарт: Thieme, - 2019. - С.305-327.
2. Джонсон Д.У., Хассо А.Н., Стюарт К.Д., Томпсон мл., Хиншоу Д.Б. Травма височной кости: компьютерная томографическая оценка высокого разрешения. // Радиология. -2017. — Т.151. - С. 411-415.
3. Джонсон Д.У., Вурхиз Р.Л., Луфкин Р.Б., Ханафи У., Каналис Р. Холестеатомы височной кости: роль компьютерной томографии. /Радиология. - 2013. - Т. 148. - С. 733-737.
4. Литофски Н.С., Смит Т.У., Мегериан С.А. Рак клеток Меркеля наружного слухового прохода, проникающего во внутричерепное отделение. // Ам-Ј-Отоларингол. - 1998. -Т. 19(5). - С. 330334.
5. Литтлтон Дж. Т., Шаффер К.А., Каллахан В.П. и др. Височная кость: сравнение разнонаправленной томографии и компьютерной томографии высокого разрешения.//AJR. - 1981. - V.137. - P. 835-845.
6. Lo WWM, Solti-Bohman LG, Lambert PR. Высокое разрешение Компьютерная томография в оценке гломусных опухолей височной кости. // Радиология. - 1984. -Т. 150. - С. 737-742.