



EXPLORING TUBOOTITIS: UNDERSTANDING CAUSES, SYMPTOMS, AND REMEDIES

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Abstract

Today, Tubotitis stands as a common complication arising from acute respiratory infections within the population. Understanding the causes, clinical symptoms, and timely diagnosis of Tubotitis holds paramount importance. Effective utilization of treatment measures is pivotal in facilitating the rapid recovery of the patient's condition, mitigating complications such as exudative and adhesive otitis media, and averting the potential development of hearing loss. This comprehensive guide navigates through the multifaceted aspects of Tubotitis, spanning its causes, prevalent symptoms, diagnostic protocols, and a spectrum of treatment options. Aimed at professionals and individuals seeking comprehensive insights, this document aims to serve as a vital resource in understanding, addressing, and managing Tubotitis effectively.

Keywords: Tubootit, Hearing aid, Otosalpingitis, Streptococcus, Staphylococcus and Pneumococcus, Valsalva test, Tympanic cavity,

Introduction

Tubotitis is an inflammatory process in the mucous membranes of the auditory (Eustachian) tube and tympanic cavity. Our article briefly discusses terminological problems and connections between concepts such as eustachian, tubotitis, otosalpingitis, and salpingotitis. The fact is that eustachian almost does not occur in isolation, and the inflammatory process covers not only the mucous membrane of the auditory tube but also other structures of the middle ear [4].

Like other inflammatory processes, tuboititis can occur in an acute or chronic form. The latter is significantly problematic in treatment and often leads to permanent hearing loss complicated by, for example, adhesive otitis media or degenerative-dystrophic changes in the eardrum.

The main part

The classic mechanism of tubotitis development is the expansion of the infection against the background of weakening of local immunity and violation of natural ventilation of the ENT organs during acute respiratory infections and acute respiratory viral infections from the

nasopharynx. The causative agent of the disease can be viruses, as well as streptococcal, staphylococcal and pneumococcal infections.

Tubootitis is often formed as a complication of acute and chronic sinusitis, pharyngitis and other similar inflammations.

Risk factors Any conditions that reduce the permeability of the larynx of the Eustachian tube - adenoids, traumatic deformations, tumors, allergic edema, etc. With the onset of an active infectious-inflammatory process, the mucous membranes of the middle ear structures, in turn, become hyperemic and swollen, which leads to serious dysfunction of the hearing organ: Low pressure is created in the tympanic cavity, the walls of the auditory tube "stick together" and loses its openness [5,6].

Symptoms and diagnosis

In addition to hearing loss (temporary in acute tubo-otitis, but may be irreversible in chronic tubo-otitis), typical symptoms of tubo-otitis include ringing and ringing in the ear, the symptom of autophony (one's voice returning to itself), a feeling of pouring liquid into the ear. Severe pain and severe hyperthermia are not typical for tubotitis.

Chronic tubotitis is accompanied by degenerative changes in the tissues of the eardrum - sclerosis, the appearance of calcification, and permanent stenosis of the auditory tube [1].

Diagnostics include taking anamnesis about complaints and illness, standard examination of ENT organs and full otoscopy. In acumetry, Weber's test is lateralized to the affected side, in Federiche's and Rinne's tests, a (negative) result is obtained on the affected side. In audiometry, the degree of functional hearing loss of the affected ear is assessed, special tests are performed (Valsalva test, etc.), and video otomicroscopy and other studies are prescribed if necessary [2,3].

Treatment

The main task and goal of therapy is to restore the permeability of the auditory tube and the ability to hear. An antibiotic course is prescribed, an antihistamine, nasal vasoconstrictors and anti-inflammatory drugs are used, including hormonal drugs in various dosage forms (drops, administration through catheterization, etc.) are recommended. Physiotherapy treatments are widely used - ultraviolet rays, laser treatments, pneumo-massage, electrical stimulation, blowing in the Politzer method, etc.

If you notice the symptoms of tubotitis in yourself, consult an ENT doctor in time, receive appropriate treatments, strictly follow all medical instructions, and you will quickly recover from the disease.

Conclusions

Early diagnosis and treatment of tubotitis helps to prevent complications such as exudative otitis media, adhesive otitis media, and hearing loss.

1. **Tubotitis as a Complication of Respiratory Infections:** Tubotitis emerges as a common complication following acute respiratory infections. Understanding its causes, timely diagnosis, and effective treatment play crucial roles in the patient's recovery and prevention of severe complications like exudative and adhesive otitis media and potential hearing loss.

2. **Aetiology and Development:** Tubotitis, an inflammatory condition affecting the Eustachian tube and tympanic cavity, often arises from viral or bacterial infections (such as Streptococcus, Staphylococcus, or Pneumococcus). The inflammatory process typically extends beyond the auditory tube, involving structures within the middle ear.
3. **Forms and Impact:** The condition may manifest as acute or chronic, with chronic cases posing challenges in treatment and potentially leading to permanent hearing impairment. Chronic Tubotitis can result in complications like adhesive otitis media or degenerative changes in the eardrum, highlighting the severity of prolonged inflammation.
4. **Risk Factors:** Various factors, including infections like sinusitis or pharyngitis, and conditions that impede Eustachian tube function (like adenoids, tumours, or allergic oedema), contribute to Tubotitis development. Infection-related inflammation disrupts middle ear mucous membranes, leading to hearing dysfunction.
5. **Symptoms and Diagnosis:** Symptoms of Tubotitis encompass temporary or irreversible hearing loss, ringing in the ears, autophony (an echo of one's voice), and a sensation of liquid in the ear. Diagnosis involves medical history, ENT examination, otoscopy, and specialized hearing tests to assess functional hearing loss and confirm the diagnosis.
6. **Treatment Strategies:** Therapy aims to restore auditory tube permeability and hearing ability. It includes antibiotic courses, antihistamines, anti-inflammatory drugs (including hormonal formulations), and various physiotherapy techniques like UV therapy, laser treatments, and pneumo-massage. Seeking timely medical attention and adhering strictly to prescribed treatments are essential for a swift recovery from Tubotitis.

In summary, understanding the causes, timely diagnosis, and effective treatment methods are crucial in managing Tubotitis. Early intervention and adherence to prescribed treatments play pivotal roles in preventing complications and facilitating recovery from this inflammatory condition affecting the middle ear structures.

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