

Recurrent Otitis Media

A Clinical Case Report

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This case report describes a boy, aged four years, who presented to an otorhinolaryngologist in the autumn of 2009 with recurrent acute otitis media. This report provides a brief description of the patient's medical history.

The boy was born at term by spontaneous vaginal delivery and breastfed; his early development was unremarkable. At the age of 4 years, the boy was thin and pale; he had shadows under his eyes. He also was timid, introverted, insecure, quiet, and lazy. The pertinent family history included a father with allergies to the Gramineae plant family. During the previous year, the boy was diagnosed as having chicken-pox. Six months ago, he developed persistent nasal dyspnea and acute

purulent otitis media that often resulted in a perforated tympanum; these symptoms occurred every month. Antibiotics were given as the treatment for each episode.

First Visit

The first visit occurred on October 10, 2009. Findings on clinical examination were as follows: Otoscopy indicated chronic bilateral catarrhal otitis media, whereas findings on anterior rhinoscopy were normal.

Nasal fibrendoscopy indicated a grade 4 adenoid hypertrophy (Figure 1). No tonsillar hypertrophy was indicated on pharyngoscopy. On palpation, there was diffuse enlargement of the lateral cervical lymph nodes. Two different instruments were used for examination: impedance and pure-tone audiometers. Impedance audiometry indicated a flat tympanogram and the absence of stapedius reflexes bilaterally (Figure 2). Bilateral mild conductive hearing loss was determined by pure-tone audiometry (Figure 3). The boy received

Figure 1. Nasal Endoscopy Image of First Visit

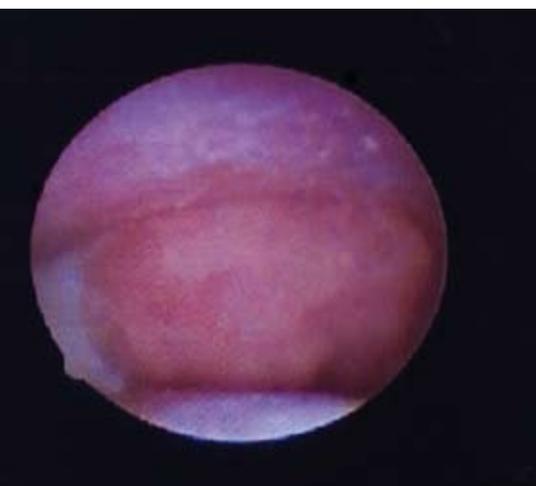


Figure 2. Impedance Audiometry Findings of First Visit

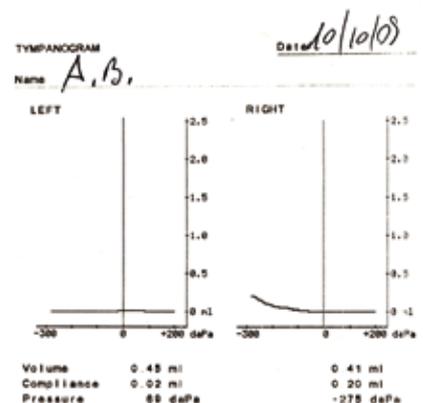
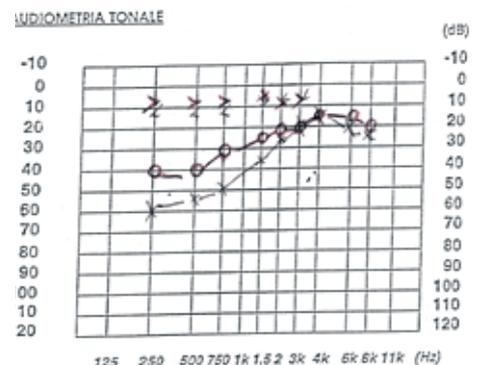


Figure 3. Pure-tone Audiometry Findings of First Visit



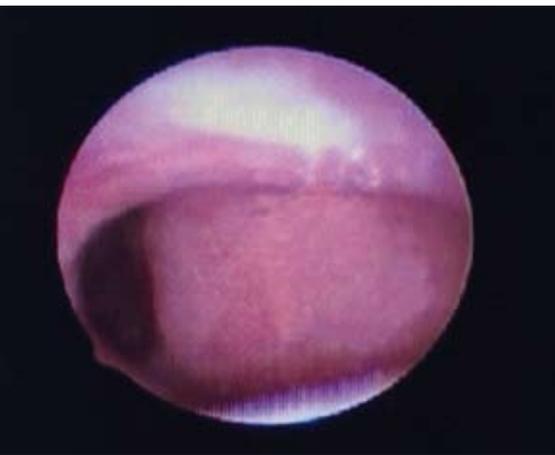


Figure 4. Nasal Endoscopy Image of Second Visit

Figure 5. Impedance Audiometry Findings of Second Visit

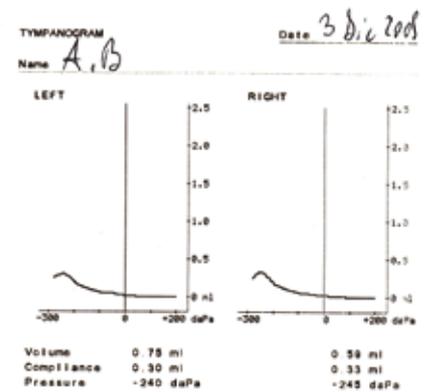
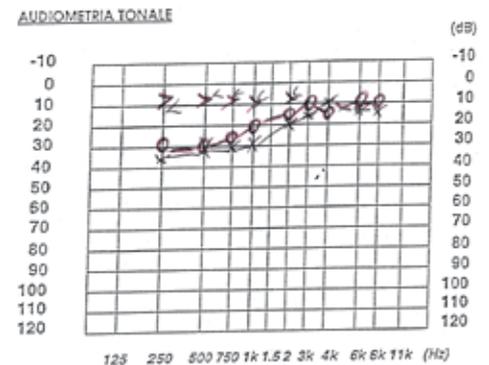


Figure 6. Pure-tone Audiometry Findings of Second Visit



the following treatments: Silicea 200CH, 1 dose per month; Lymphomyosot and Euphorbium compositum, 10 drops of each in water in the morning and evening for 2 months; Echinacea compositum forte, 1 ampoule orally on Tuesday and Friday evenings; and Tonsilla compositum, 1 ampoule orally, on Sunday evenings. A follow-up visit was scheduled in 2 months.

Second Visit

The patient's second visit to the otorhinolaryngologist was on December 3, 2009. His mother reported an improvement in the boy's nasal breathing and in hearing loss, with no further sleep apnea. He had 1 episode of acute catarrhal otitis media 10 days after the first visit that was treated with Viburcol pediatric suppositories (1 in the morning and 1 in the evening) and Traumeel tablets (1 tablet 3 times a day). This

condition resolved in a few days, with no further episodes of acute upper airway inflammation.

The patient's physical examination findings were as follows: There was an improvement in otoscopy results; a return of translucency and bilateral retraction of the tympanic membrane were observed. On nasal endoscopy, it was determined that the adenoids were reduced from grade 4 to grade 3 (Figure 4).

Impedance audiometry indicated a tympanographic peak and progression to negative pressures bilaterally. Stapedius reflexes remained absent (Figure 5). Pure-tone audiometry still indicated bilateral mild conductive hearing loss on low tones (Figure 6).

The previously described treatment (Silicea 200CH, Lymphomyosot, Euphorbium compositum, Echinacea compositum forte, and Tonsilla compositum) was continued for 2 additional months.

Third Visit

This patient's third visit to the otorhinolaryngologist was on February 4, 2010. During this visit, the boy's nasal breathing was normal. His mother also reported that a case of acute afebrile catarrhal adenoiditis that he had experienced 10 days previously had resolved spontaneously. The patient's physical examination findings were as follows: Otoscopy revealed a normal tympanic membrane, and the result of pharyngoscopy was normal. The nasal fibrendoscopy findings showed grade 2 hypertrophy of the adenoids (Figure 7). On palpation, there was a reduction in the size of the lateral cervical lymph nodes.

Impedance audiometry indicated normal tympanographic and stapedius reflexes (Figure 8), and pure-tone audiometry indicated normal hearing (Figure 9). The following medications were given as a form of

Figure 7. Nasal Endoscopy Image of Third Visit

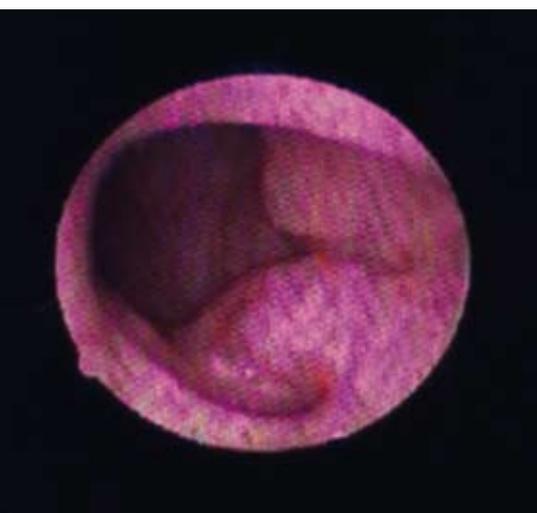


Figure 8. Impedance Audiometry Findings of Third Visit

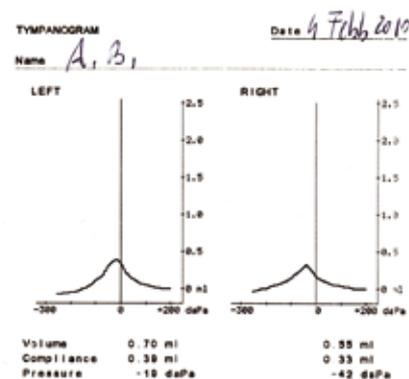


Figure 9. Pure-tone Audiometry Findings of Third Visit



preventive therapy: Echinacea compositum, 1 ampoule orally on Monday and Friday evenings; and Omeogriphi, 1 tube on Sunday evenings, up to the end of May.

Fourth Visit

In June 2010, the patient visited the otorhinolaryngologist again for a follow-up examination. The physical findings on ears, nose, and throat examination and instrumentation remained unchanged, with no further indications of acute infections of the upper airways.

Discussion

The mainstream medical therapy that is commonly used to treat hypertrophy of the adenoids and chronic catarrhal otitis media is oral cortisone therapy (for a few days) or

nasal spray (used long-term). This treatment has acceptable results in some young patients, but relapses frequently occur after discontinuation of these drugs, and there are known adverse effects. In many patients, including the one in this report, common relapses are frequent ear infections that are treated with several courses of antibiotics. The child is finally referred to the care of a specialist and diagnosed as having a chronic ears, nose, and throat pathology. A reduced appetite, fatigue, symptoms of intestinal dysbiosis, and increased susceptibility to infection are often associated factors. Homotoxicological therapy, especially in cases of recent onset (as described in this case report), is often effective and free of adverse effects. In pediatric patients, it is commonly observed that there is general symptomatic improvement in addition to

resolution of the chronic ears, nose, and throat pathology. Additional episodes of acute otitis media and adenoiditis can be prevented by using homotoxicological medicines to support a balanced immune system response, especially during the winter months.

Furthermore, these medications can be used to reduce the size of the adenoids and, therefore, resolve chronic catarrhal otitis media and completely remove or limit the number of exacerbations.

When exacerbations occur during the use of homotoxicological therapy (as in this case report), this may be indicative of health evolution. These exacerbations, if treated properly with antihomotoxic medications (especially in the acute catarrhal phase), often rapidly resolve, promote self-regulatory processes, and, therefore, help avoid the use of antibiotics.