INTRODUCTION

Secretary otitis media is most common among children, the condition occurs as overt or covert hearing loss presenting as an educational or behaviour problems and the child is described by his teacher as inattentive. In younger children this disease may present as speech and language delay or as articulation defect (May 1987).

Myringotomy, aspiration of middle ear fluid and insertion of grommet tube is an established method of management of children with secretory otitis media. The function of the tube is to prevent the myringotomy incision from closing thus establishing aeration of middle ear cleft. However many patients underwent this procedure suffered from permanent perforation, eustachian, tympanosclerosis and atrophic changes in the drum-head (Harell and Shei 1978).

Recently thermal myringotomy has been recommended for treatment of secretory otitis media. It is much more easier, safer, with less costs and the possibility of permanent perforation and tympanosclerosis is almost eliminated (Kent and Rhys-Evans 1987 and Knuckley and Blair, 1988).

Evaluation of the efficiency of thermal myringotomy as an alternative to grommet tube insertion in management of childhood secretory otitis media was the aim of our study.

MATERIAL AND METHODS:

This study comprised 50 children, 32 males and 28 females ranging in age from 5 to 15 years with a mean age of 5 years and 10 months. They were suffering from bilateral secretory otitis media as diagnosed from history, clinical examination, audiometric and tympanometric investigations.

All children were operated upon under general anaesthesia Myringotomy with insertion of Shepard grommet tube was done in one ear and thermal myringotomy was done in the opposite ear using 18 gauge angled spinal needle. The whole length of the needle was electrically insulated except 3 mm at its tip and the head of the needle. The tip was then placed on the anterior middle part of the tympanic membrane and the head was touched by a previously adjusted surgical diathermy. The approximate dimensions of the perforation produced by this method was 3 x 2 mm. Adcantraxomy was done in the same setting if indicated.