MIDDLE EAR RISK INDEX (MERI) AS A PROGNOSTIC FACTOR IN ENDOSCOPIC TYMPANOPLASTY IN CHRONIC OTITIS MEDIA (COM)

ABSTRACT:

INTRODUCTION:

Chronic otitis media is a common problem worldwide, especially in the developing countries like India. Inspite of many development in antibiotics and surgical techniques the outcome of surgery is not very satisfactory. So it is necessary to study the factors affecting the outcome of the surgery. The Middle Ear Risk Index (MERI) was developed to assess the risk factors like otorrhea, perforation, ossicular chain status, cholesteatoma, middle ear effusion or granulation, previous ear surgery and smoking and grade the disease into mild moderate and severe. The MERI was used to assess the hearing benefit after endoscopic tympanoplasty.

AIM:

To study the relation between the MERI and hearing benefit following endoscopic tympanoplasty.

METHODS AND MATERIALS:
This study is a prospective study conducted in the department of ENT, Government Stanley medical college, Chennai, in the year 2016 to 2017. This study group consists of 50 patients with chronic otitis media. All patients are investigated PTA was done preoperatively. MERI score was calculated for all patients. Then patients were grouped into mild, moderate and severe. PTA was done 1st and 3rd month postoperatively. The postoperative and preoperative ABG was compared and correlated with MERI score.

RESULTS:

The MERI score distribution among the 50 patients were mild- 35 patients, moderate- 13 patients and severe-2 patients. The p-value is 0.05 for 3rd postop month and there is a significant association between the MERI score and hearing benefit in 3rd postop month.

CONCLUSION:

MERI is a useful measure of severity of middle ear disease. MERI can be used as a prognostic indicator for hearing benefit after endoscopic tympanoplasty.