



AKUT OTİTİS MEDIA ve MASTOİDİT

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Ankara Üniversitesi Tıp Fakültesi
Çocuk Enfeksiyon Hastalıkları Bilim Dalı

www.erginciftci.com

3 Temmuz 2025

AKUT OTİTİS MEDİA

Tanım

AKUT OTİTİS MEDİA

Orta kulağın akut başlangıçlı, inflamasyon ve efüzyonla seyreden enfeksiyonudur.

AKUT OTİTİS MEDİA



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Bir Çocukluk Çağı Hastalığı

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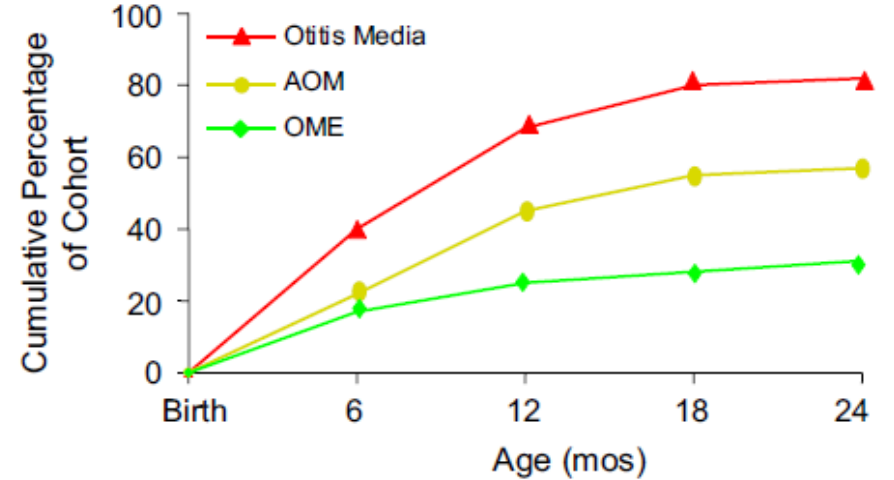
Çocuklarda doktora başvuruların ve antibiyotik kullanımının en önemli nedeni

Çocukların %80'den fazlası 3 yaşa dek en az bir akut otit atağı geçirir.

En sık 6-24 aylar arasında görülür.

Pik insidans: 9-15 ay

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Çocuklarda Östaki Tüpünün Özellikleri

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ERİŞKİNDEKİNE GÖRE;

Daha horizontal

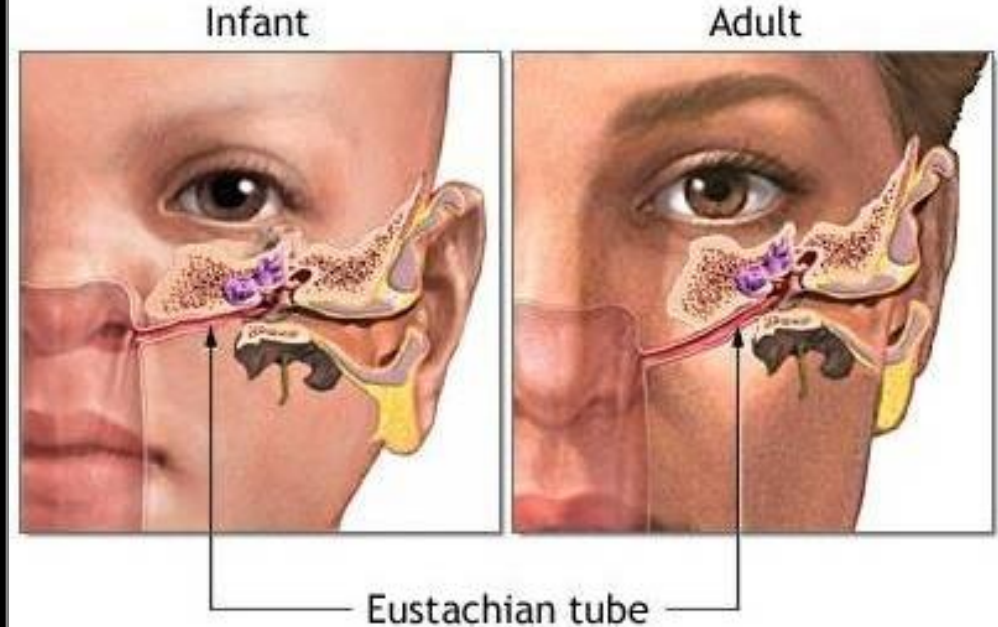
Daha kısa

Kıkırdak miktarı ve sertliği daha az

Nazofarenkse açıldığı bölgede adenoid
hipertrofisi

Adenoidlerin enfeksiyon kaynağı olması

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Risk Faktörleri

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RİSK FAKTÖRLERİ

Diğer çocuklarla yoğun temas (e.g., kreş...)

Erkek cinsiyet

Yetersiz anne sütü alımı

Pasif sigara içiciliği

Down sendromu

İmmün yetmezlikler (hipogammaglobulinemi) are

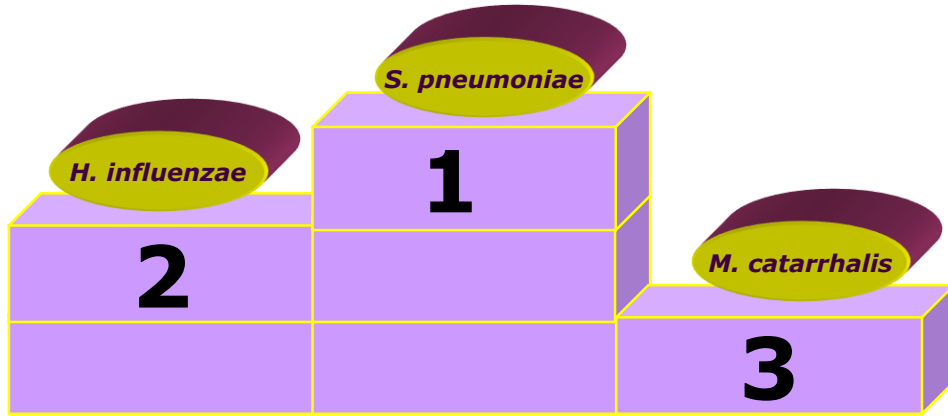
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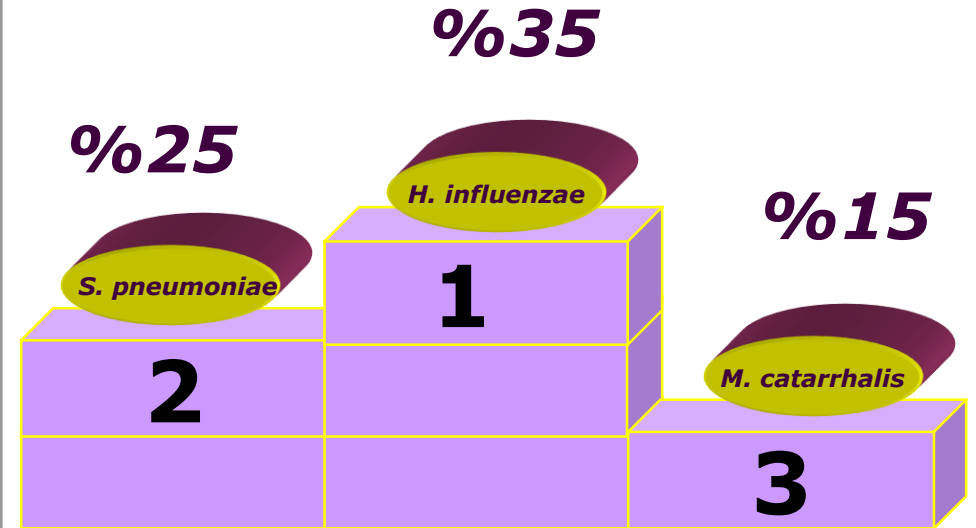
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Etkenler

ALİŞILMIŞ ETKENLER



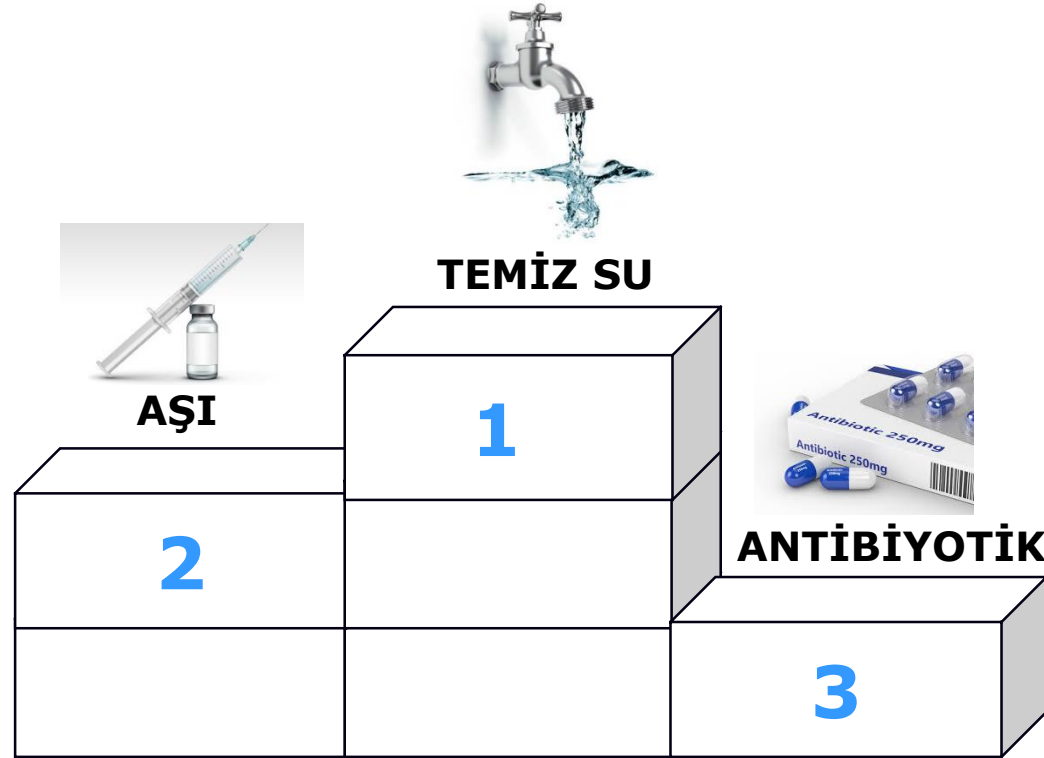
DEĞİŞEN SIRALAMA



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İnsan Sağlığına En Büyük Katkı Yapanlar

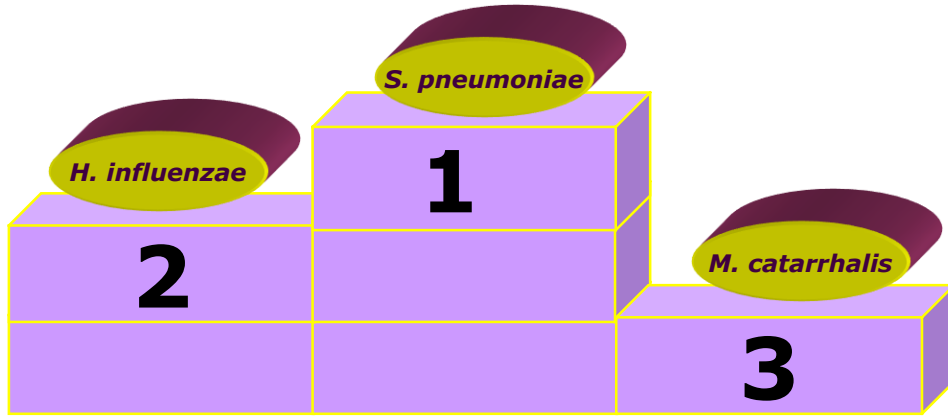
İNSAN SAĞLIĞINA EN BÜYÜK KATKI YAPANLAR



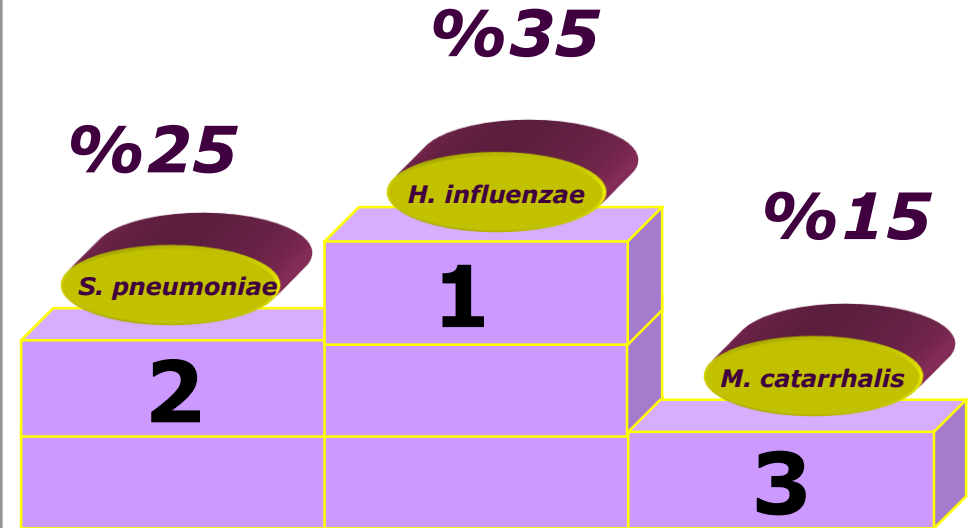
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Etkenler

ALİŞILMIŞ ETKENLER



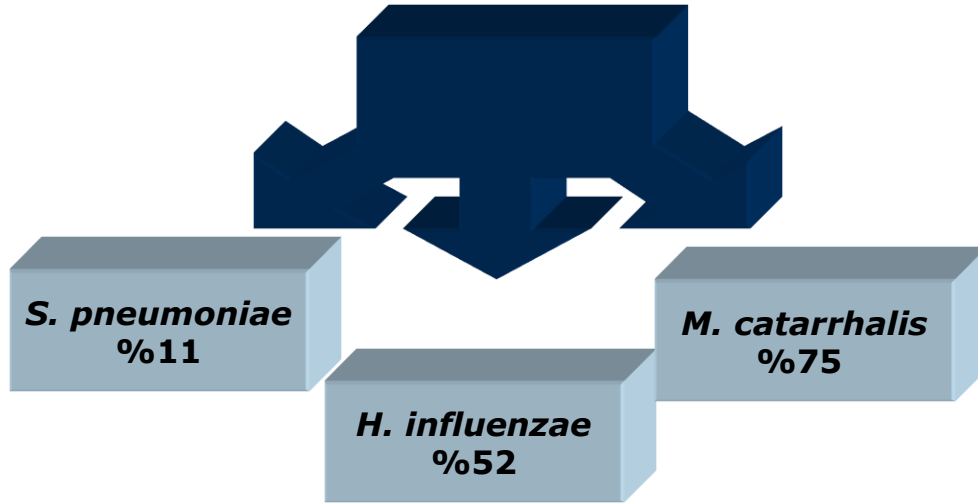
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“Antibiyotik ver” ve “Bekle-gör” Yaklaşımları

ANTİBİYOTİKSİZ DÜZELME



BEKLE-GÖR YAKLAŞIMI

Hollanda, İsveç, İngiltere...’de başarıyla uygulandığı bildirildi

Antibiyotik kullanımı daha az

Antibiyotik direnci daha az

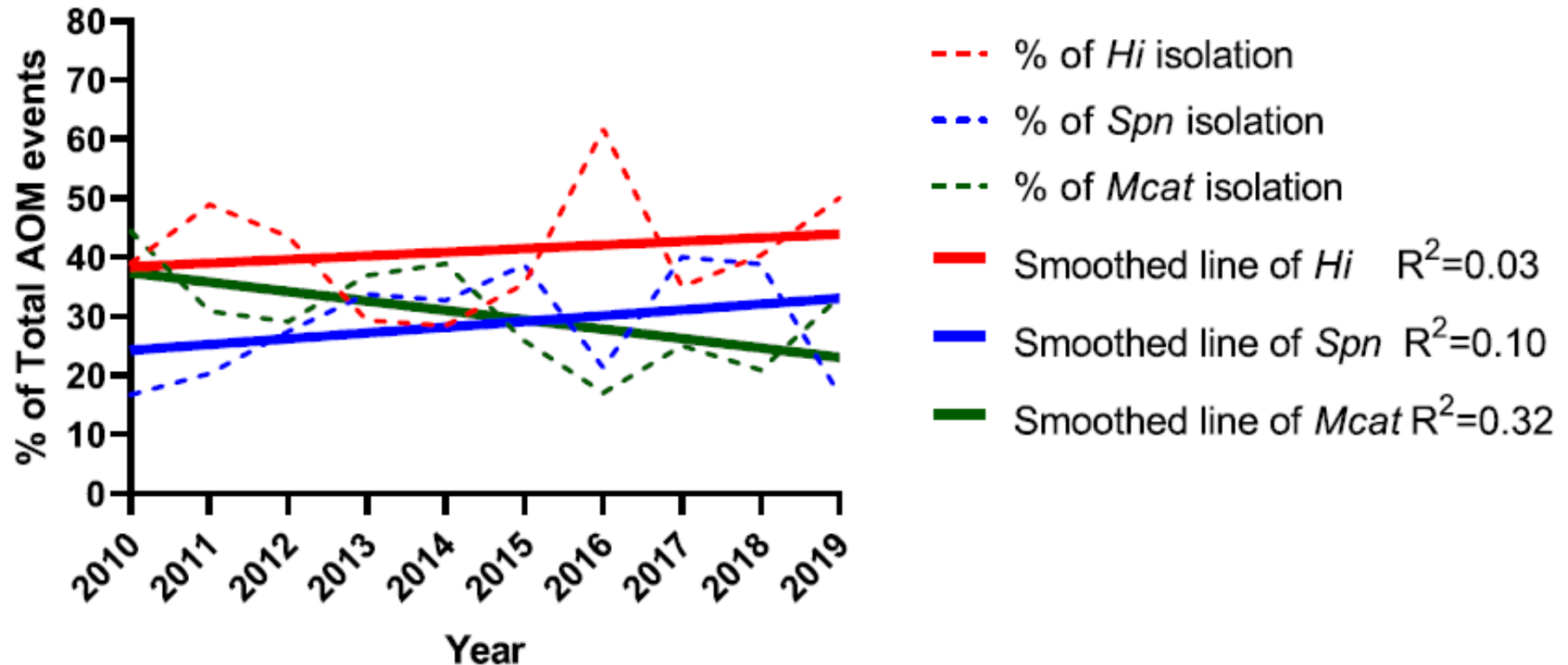
Mastoidit sıklığı daha fazla

Giderek daha fazla benimsenmeye başlandı

AKUT OTİTİS MEDİA

Etkenler ve Direnç Durumu

ETKENLER



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Tanım

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Subcommittee on Management of Acute Otitis Media
Pediatrics 2004;113;1451

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Pediatrics; originally published online February 25, 2013;
DOI: 10.1542/peds.2012-3488

It is AAP policy to review and update
evidence-based guidelines every 5 years.

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Evidence Quality	Preponderance of Benefit or Harm	Balance of Benefit and Harm
A. Well designed RCTs [†] or diagnostic studies on relevant population	Strong Recommendation	Option
B. RCTs or diagnostic studies with minor limitations; overwhelmingly consistent evidence from observational studies	Recommendation	
C. Observational studies (case-control and cohort design)	Option	
D. Expert opinion, case reports, reasoning from first principles	Option	No Rec
X. Exceptional situations in which validating studies cannot be performed and there is a clear preponderance of benefit or harm	Strong Recommendation	
	Recommendation	

SR
Kuvvetli Öneri

R
Öneri

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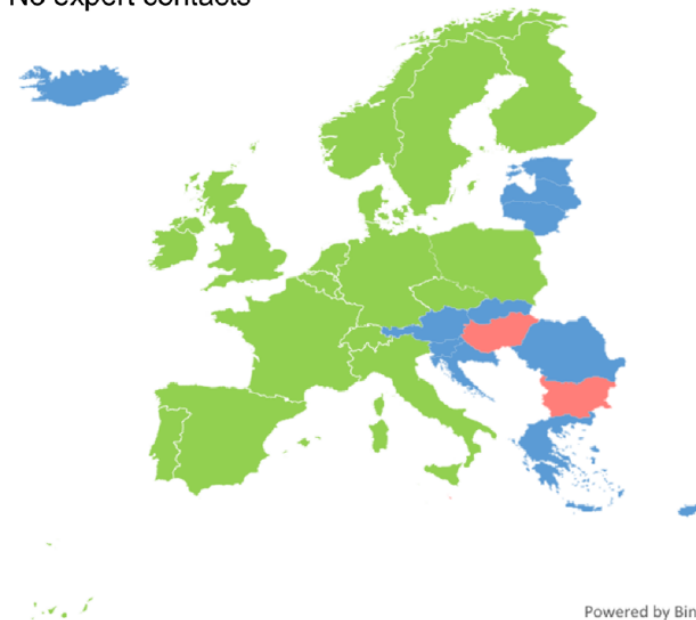
Clinical practice guidelines for acute otitis media in children: a systematic review and appraisal of European national guidelines

Hijiri G Suzuki ¹, Juan Emmanuel Dewez ¹, Ruud G Nijman ²,
Shunmay Yeung ¹

BMJ Open 2020;**10**:e035343.

Conclusions Guidelines for managing AOM were similar across European countries. Guideline quality was mostly weak, and it often did not refer to country-specific antibiotic resistance patterns. Coordinating efforts to produce a core guideline which can then be adapted by each country may help improve overall quality and contribute to tackling antibiotic resistance.

 National guideline found
 National guideline not found
 No expert contacts



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National guidelines found: Belgium (INAMI 2016), Czech Republic (CzMA 2011), Denmark (DSAM 2014), Finland (Duodecim 2017), France (AFSSAPS 2011), Germany (DEGAM 2014), Ireland (HSE 2012), Italy (SIP 2010), Luxembourg (CSDS 2007), Netherlands (NHG 2014), Norway (ASP 2016), Poland (NIL 2016), Portugal (DGS 2014), Spain (AEPED 2012), Sweden (MPA 2010), Switzerland (PIGS 2010), United Kingdom (SIGN 2003)

Figure 2 European AOM guidelines (lead group and year published).

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Semptomların akut başlaması (Kulak ağrısı, ateş...)

+

Orta kulakta inflamasyon

+

Orta kulak sıvısı

AKUT OTİTİS MEDİA

Akut Başlayan Semptomlar

BEBEK

Ateş
Huzursuzluk
Genel hastalık hali
İshal, kusma
Kulağını çekiştirme

ÇOCUK

Ateş
Kulak ağrısı
Kulakta dolgunluk hissi
Genel hastalık hali
Baş dönmesi
İşitme bozukluğu

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+

Orta kulakta inflamasyon

+

Orta kulak sıvısı

AKUT OTİTİS MEDİA

Normal Kulak Zarı

NORMAL KULAK ZARI

İnce

Yarı saydam

Arkasında kemikler görülebilir

Nötral yerleşimli

Hareketli

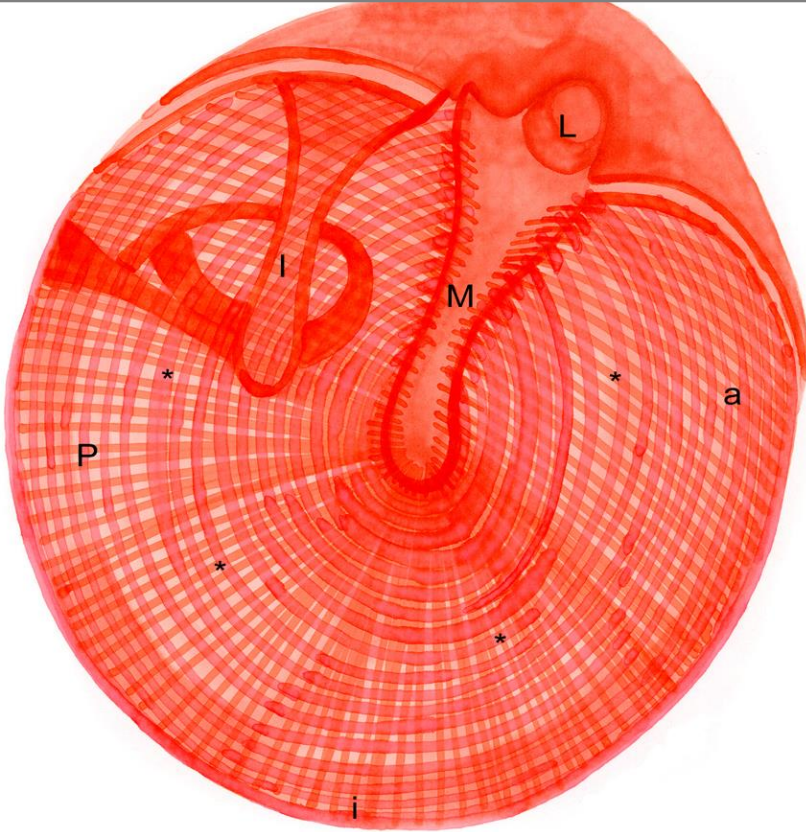
NORMAL KULAK ZARI



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Normal Kulak Zarı

NORMAL KULAK ZARI



NORMAL KULAK ZARI



AKUT OTİTİS MEDİA

Orta Kulakta İnflamasyon

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NORMAL



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Semptomların akut başlaması (Kulak ağrısı, ateş...)

+

Orta kulakta inflamasyon

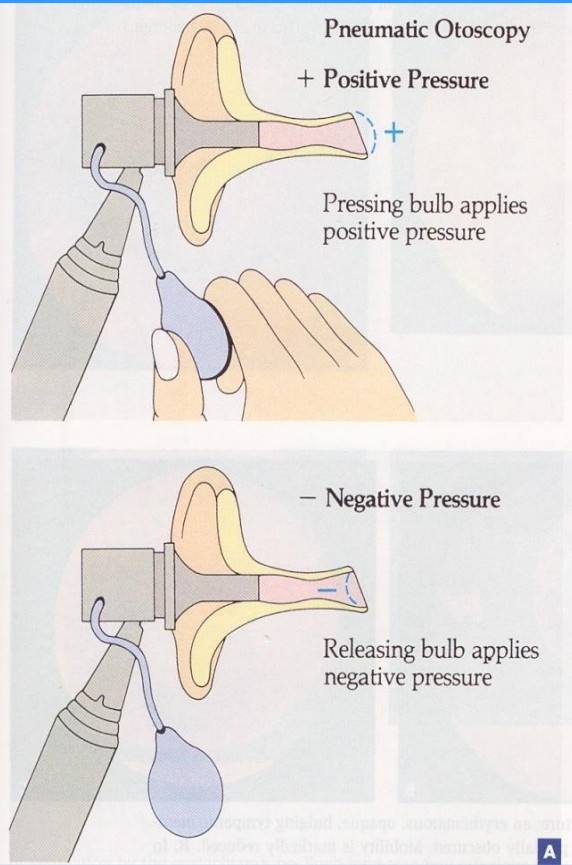
+

Orta kulak sıvısı

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Pnömotik Otoskopik Muayene

PNÖMOTİK OTOSKOPI



PNÖMOTİK OTOSKOPI



AKUT OTİTİS MEDİA

Otoskopik Muayene

AKILLI UYGULAMA

Discussion

Physical examination is a critical tool in any surgeon's diagnostic armamentarium. As social distancing guidelines have eliminated the option of in-person evaluation for the majority of patients for the immediate future, it is crucial for physicians to embrace all available resources and incorporate them into our practices for appropriate patients. **In the case of commercially available otoendoscopes, these devices, available for \$40 to \$50 via online purveyors, are affordable, available, and relatively simple to use.** It is incumbent upon physicians, when recommending the use of such devices, to offer guidance to their patients on safe technique and strategies for visualization while avoiding injury.

AKILLI UYGULAMA

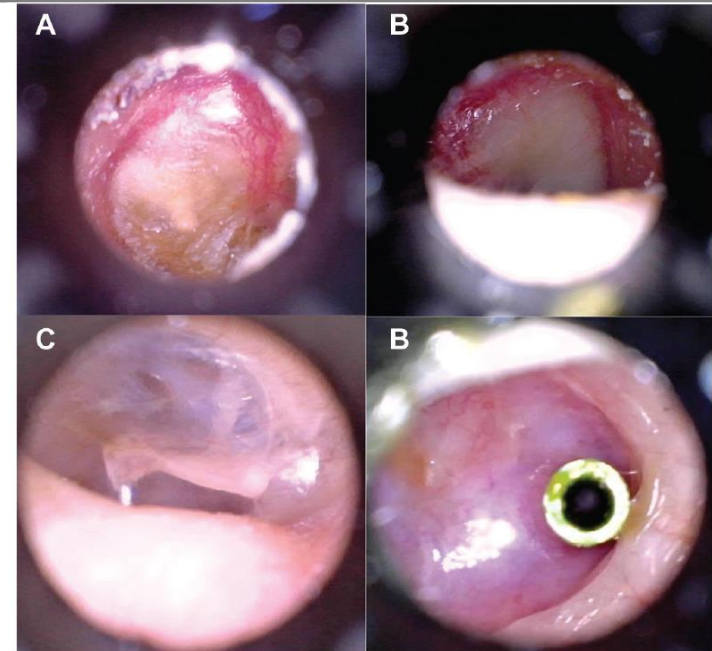
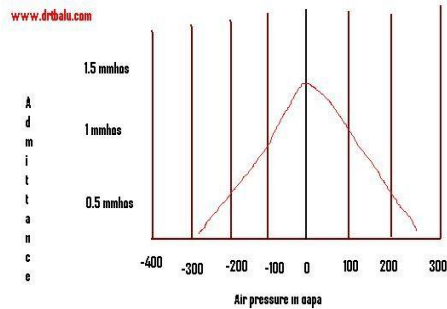


Figure 1. Otoscopic examination via smartphone-based otoendoscope. Case 1: (A) Right tympanic membrane: middle ear effusion. (B) Left tympanic membrane: acute otitis media. Case 2: (C) Right tympanic membrane: normal examination result. (D) Left tympanic membrane: partial occlusion of the left subannular tube with no retraction and likely no effusion.

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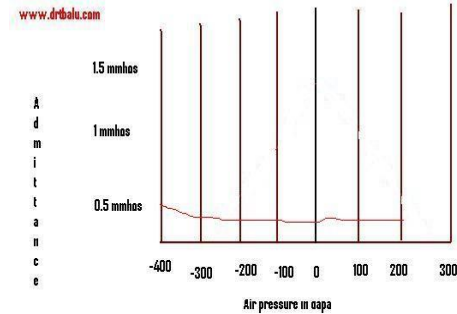
Timpanometri

TİMPANOMETRİ

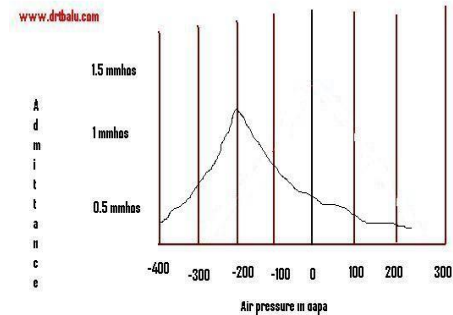


Tip A

TİMPANOMETRİ



Tip B



Tip C

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Otoskopide Sıvı ve Bombeleşme

AKUT OTİTİS MEDİA



NORMAL



AKUT OTİTİS MEDİA

Tanısı "Kesin Olmayan" AOM

BEKLE-GÖR YAKLAŞIMININ UYGULANMASI

Recommended Guideline for Treatment of Acute Otitis Media		
Age of Child	If diagnosis of AOM is certain	If diagnosis of AOM is uncertain
<6 months	Antibiotic	Antibiotic
6 months to 2 years	Antibiotic	Antibiotic if severe illness, observe if nonsevere illness
≥2 years	Antibiotic if severe illness, observe if nonsevere illness	Observe

Şiddetli enfeksiyon;

Ateş $\geq 39^{\circ}\text{C}$

Orta-şiddetli kulak ağrısı

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“Kesin olmayan” Otit tanısı koyabilirsiniz

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Allan S. Lieberthal, Aaron E. Carroll, Tasnee Chonmaitree, Theodore G. Ganiats,
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M. Rosenfeld, Xavier D. Sevilla, Richard H. Schwartz, Pauline A. Thomas and David
E. Tunkel
Pediatrics; originally published online February 25, 2013;
DOI: 10.1542/peds.2012-3488

Otit tanısını kesinleştir!

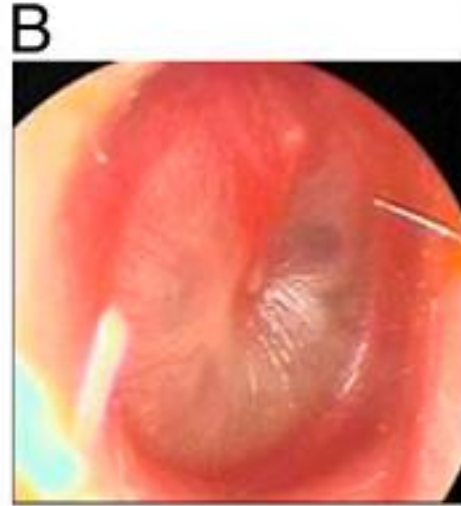
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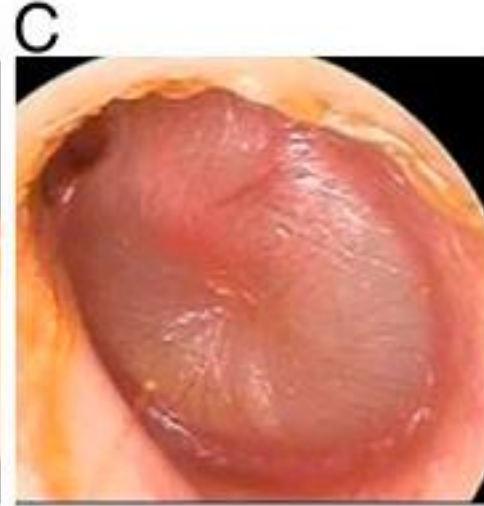
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Normal



Hafif



Orta



Ağır

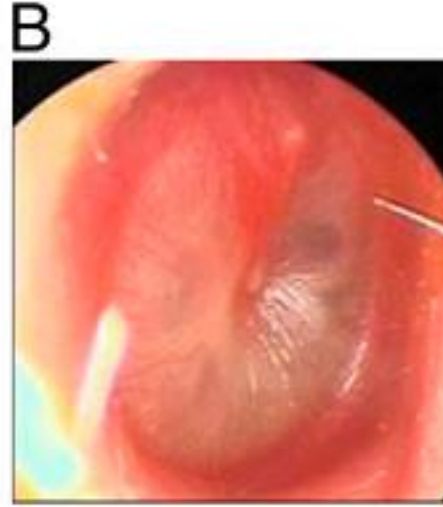
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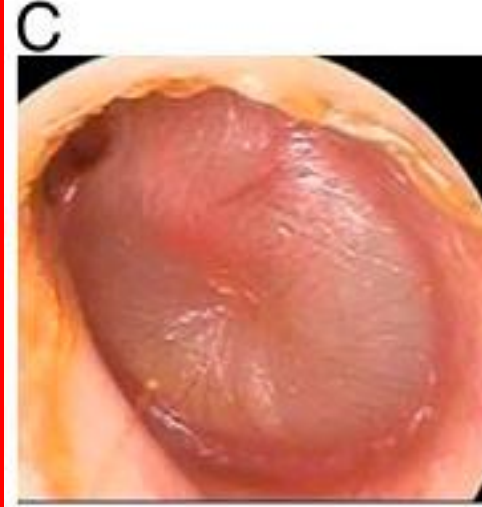
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Normal



Hafif



Orta



Ağır

Kulak zarında orta ya da ağır bombeleşme

veya

yeni gelişen otore (akut otitis eksternaya bağlı olmayan)

R

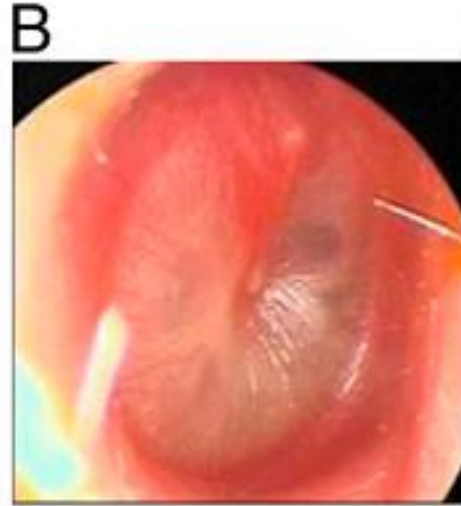
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Tanım

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Normal



Hafif



Orta



Ağır

Kulak zarında hafif bombeleşme

ve

Yeni başlayan (< 48 saat) kulak ağrısı

veya

Kulak zarında yoğun eritem

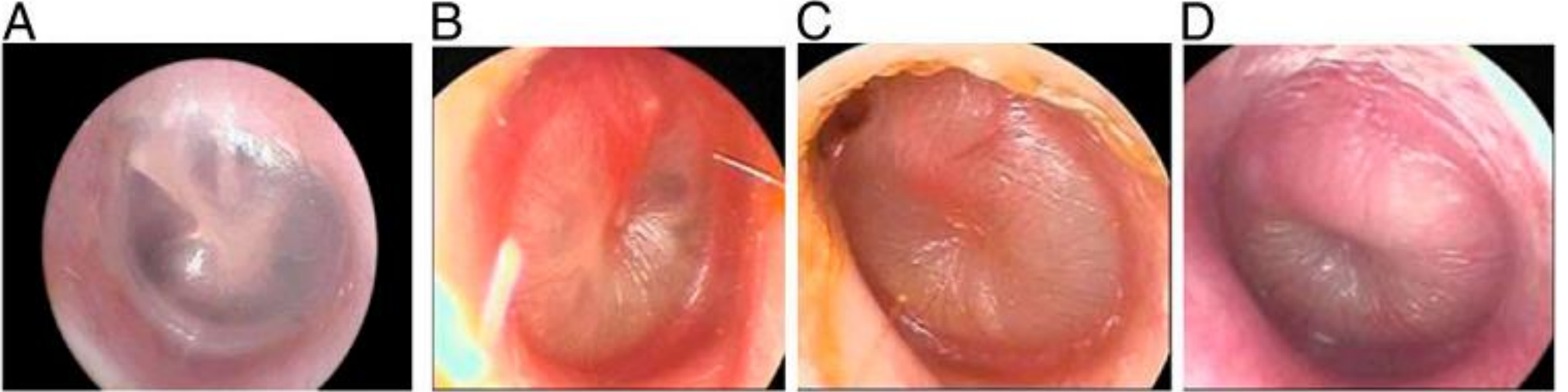
(Küçük bebeklerde
kulağını tutma, çekme, ovuşturma)

R

AKUT OTİTİS MEDİA

Tanım

AKUT OTİTİS MEDİA



Normal

Hafif

Orta

Ağır

Orta kulakta sıvı olmayan hastalara AOM tanısı konulmamalıdır.

Pnömotik otoskopi ve/veya timpanometri ile gösterilmiş orta kulak sıvısı

R

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Klavuz

The NEW ENGLAND JOURNAL of MEDICINE

CLINICAL PRACTICE

Otitis Media in Young Children

Nader Shaikh, M.D., M.P.H.¹

This Journal feature begins with a case vignette highlighting a common clinical problem. Evidence supporting various strategies is then presented, followed by a review of formal guidelines, when they exist. The article ends with the author's clinical recommendations.

Author affiliations are listed at the end of the article. Dr. Shaikh can be contacted at nader.shaikh@chp.edu or at the Children's Hospital Office Building, 3414 Fifth Ave., Suite 301, Pittsburgh, PA 15213.

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CME

THE CLINICAL PROBLEM

ACU TE OTITIS MEDIA REMAINS ONE OF THE MOST FREQUENTLY DIAGNOSED infectious diseases in children younger than 2 years of age. By 2 years of age, 41% of children will have had at least one episode of acute otitis media and 13% will have had at least three episodes.¹ Although the incidence of acute otitis media, and particularly of recurrent and refractory cases,² has been decreasing,^{3,4} approximately 15 million cases are diagnosed each year in the United States.³ The decrease in the incidence of acute otitis media, especially among children younger than 2 years of age,⁴ is likely to be attributable to universal vaccination with pneumococcal conjugate vaccines⁵ and to increased stringency in the diagnostic criteria.⁶ Exposure to large numbers of other children (e.g., in day care), male sex, shorter duration of breast-feeding, exposure to tobacco smoke, Down's syndrome, and immunologic deficiencies (e.g., hypogammaglobulinemia) are associated with an increased risk of acute otitis media.^{7,8}

The antecedent event in almost all cases of acute otitis media is a symptomatic viral upper respiratory tract infection. Approximately one third of viral upper respiratory tract infections are complicated by acute otitis media.^{9,11} The median time between the onset of an upper respiratory infection and the development of acute otitis media is approximately 4 days.¹⁰ Viral infection inflames the mucosa of the upper respiratory tract, including the nasopharynx and eustachian tube. Eustachian-tube dysfunction impairs the drainage of fluid from the middle ear and leads to nasopharyngeal aspiration of pathogens. Bacteria (most often *Streptococcus pneumoniae*, nontypable *Haemophilus influenzae*, and *Moraxella catarrhalis*) are isolated from the middle-ear fluid of approximately 80% of children with a bulging tympanic membrane.^{12,13} Only rarely (in approximately 6 to 7% of cases) does viral infection alone (in the absence of a bacterial superinfection) result in clinical features consistent with acute otitis media.^{16,17}

Considerable shifts in the balance of the three predominant bacterial pathogens have occurred over the past 20 years. In a comparison of data from the period before universal pneumococcal vaccination began in infants (i.e., before 2000, when a 7-valent version was introduced) with more-recent data (i.e., after a 13-valent version was

Acute Otitis Media

Caroline R. Paul, MD,¹ John G. Frohna, MD, MPH²¹ Department of Pediatrics, NYU Grossman School of Medicine, NYU Langone Health, New York² Department of Pediatrics, West Virginia School of Medicine-Charleston Division, Charleston Area Medical Center Institute for Academic Medicine, Charleston, West Virginia

EDUCATION GAP

There remains a gap in the implementation of the appropriate diagnostic criteria and management of acute otitis media.

OBJECTIVES After completing this article, readers should be able to:

1. List the diagnostic criteria for acute otitis media.
2. Discuss the therapeutic management of acute otitis media.
3. Describe the components of the pediatric otoscopic exam needed for the management of acute otitis media.
4. Describe the important role of the parent/caregiver in the diagnosis and the management of acute otitis media.

Acute otitis media (AOM) is the most common cause for antimicrobial treatment in young children, accounting for 56% of antimicrobial prescriptions for children aged 3 to 36 months and 40% of antimicrobial prescriptions for children aged 3 to 6 years.¹⁻⁴ It is the second most common diagnosis after upper respiratory infection in children. The epidemiology of AOM has international and regional variances and has been impacted by both pneumococcal vaccines and the COVID-19 pandemic.³⁻⁴ Approximately 50% of children will have 1 episode of AOM by age 2 years, and by age 3 years, 80% will have had at least 1 episode.³

Health disparities have been noted in children with AOM.⁶ Children who are socially disadvantaged are less likely to receive treatment and more likely to experience complications of misdiagnosed and mismanaged episodes of AOM. Frequent ear infections have been associated with living below the poverty level. In under-resourced countries, chronic supportive otitis media is a leading cause of hearing loss.⁷

CLINICAL PRESENTATION

The most specific symptom of AOM is acute otalgia. This acute otalgia can manifest in many ways, from the acute onset of ear pain in the school-aged child to nighttime awakening, fussiness, and decreased appetite in younger children. While the acute otalgia is usually constant, it often appears to be worse in the evening. Fever can be associated with AOM but is not a consistent finding associated with AOM. Finally, recent or concurrent upper respiratory infection symptoms such as nasal congestion will often accompany the key symptoms of AOM.⁸

AUTHOR DISCLOSURE: Drs Paul and Frohna have disclosed no financial relationships relevant to this article. This commentary does not contain a discussion of an unapproved/investigative use of a commercial product/device.

ABBREVIATIONS

AAP American Academy of Pediatrics
AOM acute otitis media
OME otitis media with effusion
TM tympanic membrane

AKUT OTİTİS MEDİA

Tedavi Klavuzları

AAP 2013

American Academy
of Pediatrics



DEDICATED TO THE HEALTH OF ALL CHILDREN™

Organizational Principles to Guide and Define the Child
Health Care System and/or Improve the Health of all Children

CLINICAL PRACTICE GUIDELINE

The Diagnosis and Management of Acute Otitis Media

AKUT OTİTİS MEDİA

“Bekle-gör” Yaklaşımı

BEKLE-GÖR YAKLAŞIMININ UYGULANMASI

Age	Otorrhea With AOM ^a	Unilateral or Bilateral AOM ^a With Severe Symptoms ^b	Bilateral AOM ^a Without Otorrhea	Unilateral AOM ^a Without Otorrhea
6 mo to 2 y	Antibiotic therapy	Antibiotic therapy	Antibiotic therapy	Antibiotic therapy or additional observation
≥2 y	Antibiotic therapy	Antibiotic therapy	Antibiotic therapy or additional observation	Antibiotic therapy or additional observation ^c

ŞİDDETLİ SEMPTOMLAR:

Ateş $\geq 39^{\circ}\text{C}$
Orta-şiddetli kulak ağrısı
48 saatten uzun süreli kulak ağrısı
Toksik görünen çocuk

BEKLE-GÖR UYGULAMA KOŞULU:

İzlem yapılabileceğinin kesin olmaması

AKUT OTİTİS MEDİA

Tedavi

TEDAVİ

Initial Immediate or Delayed Antibiotic Treatment

Recommended First-line Treatment

Amoxicillin (80–90 mg/ kg per day in 2 divided doses)

or

Amoxicillin-clavulanate^a (90 mg/kg per day of amoxicillin, with 6.4 mg/kg per day of clavulanate [amoxicillin to clavulanate ratio, 14:1] in 2 divided doses)

R

AMOKSİSİLİN

30 gün içinde amoksisilin almamış
Pürülan konjunktivit yok

AMOKSİSİLİN-KLAVULONAT

30 gün içinde amoksisilin almış
Pürülan konjunktivit var
Amoksisilin yanıtı AOM öyküsü var

AKUT OTİTİS MEDİA

Tedavi

TEDAVİ

Initial Immediate or Delayed Antibiotic Treatment

Alternative Treatment
(if Penicillin Allergy)

Cefdinir (14 mg/kg per day
in 1 or 2 doses)

Cefuroxime (30 mg/kg per
day in 2 divided doses)

Cefpodoxime (10 mg/kg per
day in 2 divided doses)

Ceftriaxone (50 mg IM or IV
per day for 1 or 3 d)

R

AKUT OTİTİS MEDİA

Tedavi

TEDAVİ

Antibiotic Treatment After 48–72 h of Failure of Initial Antibiotic Treatment

Recommended First-line Treatment	Alternative Treatment
Amoxicillin-clavulanate ^a (90 mg/kg per day of amoxicillin, with 6.4 mg/kg per day of clavulanate in 2 divided doses) or Ceftriaxone (50 mg IM or IV for 3 d)	Ceftriaxone, 3 d Clindamycin (30–40 mg/kg per day in 3 divided doses), with or without third-generation cephalosporin Failure of second antibiotic Clindamycin (30–40 mg/kg per day in 3 divided doses) plus third-generation cephalosporin Tympanocentesis ^b Consult specialist ^b

TEDAVİ BAŞARISIZLIĞI

48-72 saat içinde

Düzelme olmaması

Daha kötüleşme olması

AKUT OTİTİS MEDİA

Tedavi Süresi

AKUT OTİTİS MEDİA

TEDAVİ SÜRESİ

< 2 Yaş	10 gün
2-5 Yaş	7 gün
≥ 6 Yaş	5-7 gün

AKUT OTİTİS MEDİA



AKUT OTİTİS MEDİA

Tedavi Süresi

The NEW ENGLAND JOURNAL of MEDICINE

N Engl J Med 2016;375:2446-56.

ORIGINAL ARTICLE

Shortened Antimicrobial Treatment for Acute Otitis Media in Young Children

Alejandro Hoberman, M.D., Jack L. Paradise, M.D., Howard E. Rockette, Ph.D.,
Diana H. Kearney, R.N., C.C.R.C., Sonika Bhatnagar, M.D., M.P.H.,
Timothy R. Shope, M.D., M.P.H., Judith M. Martin, M.D.,
Marcia Kurs-Lasky, M.S., Susan J. Copelli, B.S., D. Kathleen Colborn, B.S.,
Stan L. Block, M.D., John J. Labella, M.D., Thomas G. Lynch, M.D.,
Norman L. Cohen, M.D., MaryAnn Haralam, C.R.N.P., Marcia A. Pope, R.N.,
Jennifer P. Nagg, R.N., Michael D. Green, M.D., M.P.H.,
and Nader Shaikh, M.D., M.P.H.

METHODS

We assigned 520 children, 6 to 23 months of age, with acute otitis media to receive amoxicillin–clavulanate either for a standard duration of 10 days or for a reduced duration of 5 days followed by placebo for 5 days. We measured rates of clinical response

CONCLUSIONS

Among children 6 to 23 months of age with acute otitis media, reduced-duration antimicrobial treatment resulted in less favorable outcomes than standard-duration treatment; in addition, neither the rate of adverse events nor the rate of emergence of antimicrobial resistance was lower with the shorter regimen. (Funded by the National Institute of Allergy and Infectious Diseases and the National Center for Research Resources; ClinicalTrials.gov number, NCT01511107.)

AKUT OTİTİS MEDİA

Kılavuz Ülkemizde Uygulanabilir Mi?

VAKA

2 Yaşında Erkek

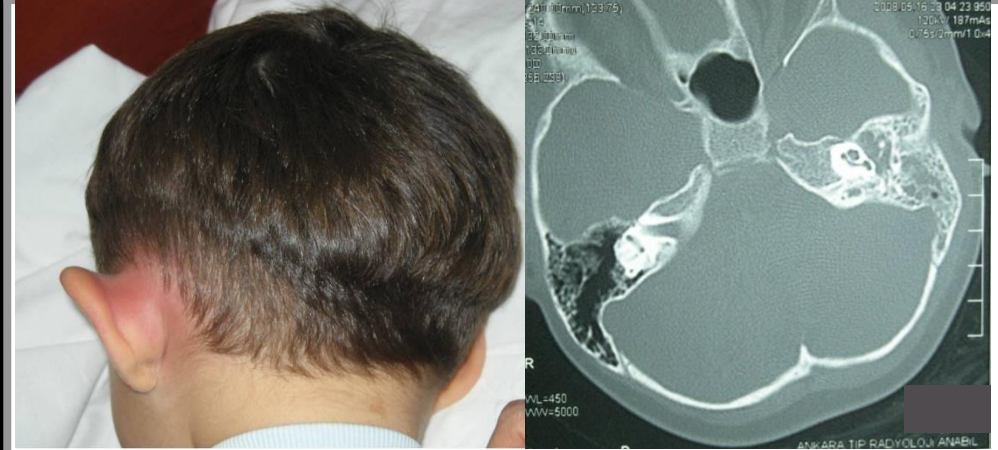
Ateş: 38.3°C
Kulak ağrısı

Tanı: Hafif otitis media
Tedavi: Ketoprofen (Bekle-gör)

İzleminde ateş önce düşüyor
Kulak ağrısı azalıyor

Kulak ağrısı artıyor
Ateş yeniden yükseliyor
Kulak arkasında şişlik ortaya çıkıyor

VAKA



AOM ve Akut Mastoidit tanısı konuldu
Timpanosentez yapıldı

Kültür: Streptococcus pneumoniae

Penisilin : Dirençli

Seftriakson : Duyarlı

Seftriakson başlandı
Toplam 3 hafta tedavi aldı



Akut Mastoidit

Ergin Çiftçi¹, Adem Karbuz¹, Halil Özdemir¹, Erdal İnce¹

¹ Ankara Üniversitesi Tıp Fakültesi, Çocuk Sağlığı ve Hastalıkları Anabilim Dalı,
Çocuk Enfeksiyon Hastalıkları Bilim Dalı, Ankara, Türkiye

Yirmi altı aylık erkek hasta, yüksek ateş ve kulak arkasında şişlik yakınmalarıyla getirildi. İki hafta önce ateşinin yükselmesi nedeniyle başvurduğu bir sağlık kuruluşunda standart doz amok-



sisilin-klavulanat ve parasetamol tedavisi başlanmıştı. Ateşi düşen hastanın ilaç tedavisi ailesi tarafından erken sonlandırılmış, birkaç gün sonra ateşi yeniden yükselen hastanın sol kulak arkasında şişlik olduğu fark edilmişti.

Bugüne kadar bir sağlık sorunu olmayan hastanın aşılarına uygun olarak yapılmıştı. Ancak, hastalandığı dönemde Türkiye ulusal aşı takvimine henüz girmemiş olan, konjuge pnömokok aşısı yapılmamıştı. Hastanın muayenesinde, vücut sıcaklığı 39°C, sol kulak arkasında 3 x 4 cm boyutlarında yumuşak doku şişliği, eritem ve hassasiyet vardı. Sol kulak sayvanı dışı doğru itilmişti. Dış kulak yolunda ödem ve buşon nedeniyle kulak zarı görülemedi.

Hastada akut mastoidit düşünüldü. Bu bölgeden yapılan drenaj materyalinde *Streptococcus pneumoniae* Serotip 19F üretilti. Antibiyogramda penisilin dirençli olan pnömokok sefalosporinlere duyarlıydı. Hasta iki hafta boyunca intravenöz (IV) sefaperazon-sulbaktam ve ardından iki hafta sefuroksim aksetil ile başarıyla tedavi edildi.

S. pneumoniae akut otitis medianın en önemli etkenidir. Tedavi başansında penisilin direnci kadar tedaviye uyum da önemlidir. Konjuge pnömokok aşısı, aşının kapsadığı serotiplerin etken olduğu enfeksiyonların önlenmesinde etkilidir.

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