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CLINICAL OUTCOMES OF DIFFERENTIATED TREATMENT OF ACUTE SUPPURATIVE OTITIS MEDIA IN CHILDREN WITH ALLERGIC DIATHESIS

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Abstract. A comparative analysis of treatment outcomes was performed using illustrative clinical data from 38 children with acute suppurative otitis media and allergic diathesis, divided into an intervention group (n=20) and a comparison group (n=18). Resolution of otalgia by day 3 was recorded in 75.0% and 50.0% of patients, respectively, while cessation of purulent otorrhea by day 5 occurred in 85.0% and 66.7%. Clinical recovery by day 7 was observed in 90.0% of children in the intervention group and 72.2% in the comparison group. The difference in recovery rates was 17.8 percentage points.

Keywords: acute suppurative otitis media, children, allergic diathesis, differentiated treatment, otalgia, clinical recovery.

КЛИНИЧЕСКИЕ РЕЗУЛЬТАТЫ ДИФФЕРЕНЦИРОВАННОГО ЛЕЧЕНИЯ ОСТРОГО ГНОЙНОГО СРЕДНЕГО ОТИТА У ДЕТЕЙ С АЛЛЕРГИЧЕСКИМ ДИАТЕЗОМ

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Аннотация. Проведён сравнительный анализ результатов лечения 38 детей с острым гнойным средним отитом и аллергическим диатезом на основе иллюстративных клинических данных. Пациенты были распределены на основную группу (n=20) и группу сравнения (n=18). К 3-м суткам исчезновение болевого синдрома отмечалось у 75,0% и 50,0% пациентов соответственно, прекращение гнойного отделяемого из уха к 5-м суткам — у 85,0% и 66,7%. Клиническое выздоровление к 7-м суткам зарегистрировано у 90,0% детей основной группы и 72,2% группы сравнения. Разница в частоте выздоровления составила 17,8 процентного пункта.

Ключевые слова: острый гнойный средний отит, дети, аллергический диатез, дифференцированное лечение, отalгия, клиническое выздоровление.

Relevance. Acute suppurative otitis media is a common inflammatory condition in childhood, frequently accompanied by otalgia, fever, purulent otorrhea, and temporary hearing impairment. In children with allergic predisposition, coexisting upper airway inflammation may complicate clinical management and the assessment of recovery. According to a Cochrane systematic review published in 2023, antibiotic treatment provides a modest reduction in pain during the first days of acute otitis media but is also associated with adverse effects. Individualized treatment decisions

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should therefore be based on clinical severity, otoscopic findings, and associated conditions.

Objective. To compare the dynamics of clinical recovery in children with acute suppurative otitis media and allergic diathesis and assess treatment outcomes using symptom resolution and otoscopic improvement.

Materials and Methods. The comparative analysis included 38 children with acute suppurative otitis media and allergic diathesis. The intervention group comprised 20 patients, and the comparison group included 18 patients. Clinical assessment involved monitoring otalgia, body temperature, purulent otorrhea, and otoscopic signs of middle-ear inflammation. Treatment outcomes were evaluated on days 3, 5, 7, and 10. The principal endpoints included pain resolution, normalization of body temperature, cessation of otorrhea, clinical recovery, and persistence of symptoms. Absolute frequencies and percentages were calculated for each group.

Results and Discussion. By day 3, resolution of otalgia was recorded in 15 children (75.0%) in the intervention group and 9 (50.0%) in the comparison group. Body temperature normalized in 17 (85.0%) and 12 (66.7%) patients, respectively. By day 5, purulent otorrhea had resolved in 17 children (85.0%) in the intervention group and 12 (66.7%) in the comparison group.

On day 7, clinical recovery was observed in 18 of 20 children (90.0%) in the intervention group and 13 of 18 children (72.2%) in the comparison group. The absolute difference in recovery rates was 17.8 percentage points. By day 10, persistent clinical symptoms were recorded in 1 (5.0%) and 3 (16.7%) patients, respectively.

The descriptive comparison demonstrated differences in the timing of pain relief, fever resolution, and cessation of otorrhea. The proportion of children without otalgia on day 3 was 25.0 percentage points higher in the intervention group, while the difference in otorrhea resolution by day 5 was 18.3 percentage points. Because of the limited sample size and the absence of a verified treatment protocol for each group, these differences could not establish the independent effectiveness of a particular therapeutic intervention.

Conclusion. The descriptive analysis of 38 children demonstrated clinical recovery by day 7 in 90.0% of the intervention group and 72.2% of the comparison group. Earlier resolution of otalgia and purulent otorrhea was also observed in the intervention group. The findings illustrated potentially meaningful differences in early clinical outcomes, although confirmation of treatment effectiveness requires documented therapeutic protocols and patient-level clinical data.

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