

ببحث رقم (2)

عنوان البحث باللغة الانجليزية

Comparison of the effect Of three treatment interventions for the control of Meniere's disease: a randomized control Trial

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Background: Intratympanic (IT), with or without ventilation tube, is widely used to control vertigo in Meniere's disease (MD) patients. Some authors believe that the tube on its own has a role in the control of MD symptoms. The authors' goal was to compare the effects of them on multiple sets of patients. A three arms randomized control trial was conducted on 60 patients (both males and females; age range, 30–60 years; mean age, 47 years) who were diagnosed with MD according to the 1995 American Academy of Otolaryngology-Head and Neck Surgery (AAO-HNS) Foundation guidelines. The study was conducted at the Otolaryngology Department between May 2016 and May 2018. They were divided into three groups, with 20 patients in each group. The first group received direct IT dexamethasone, the second group received IT dexamethasone through a grommet tube, and the third received saline through a grommet. Results: No treatment modality showed statistically significant improvement regarding both hearing and vertigo control at follow-up periods. However, a comparison of patients with a disease duration of 1 year and patients with a duration of 5 years in the total sample of patients showed that patients with 1-year duration showed a statistically significant higher percentage of improvement in pure tone audiometry (PTA) and vertigo control at all follow-up periods.

Conclusions: No golden standard in MD treatment; however, initial improvement may be explained as a result of the anti-inflammatory effect of steroids and/or the pressure release due to tube insertion; yet, the progressive course of the disease may diminish that improvement over time. Thus, early intervention either by direct IT injection or through grommet tube or by grommet placement alone can affect treatment outcomes.