Evolution of Middle Ear Changes After Permanent Eustachian Tube Blockage

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Objective: To develop a valid animal model for otitis media with effusion (OME).

Design: Forty specific pathogen–free Wistar rats underwent a procedure based on the permanent obstruction of pharyngeal eustachian tube by means of electrocoagulation without any manipulation.

Setting: Ear Research Group, Department of Otorhinolaryngology, Puerta de Hierro Hospital, Universidad Autónoma de Madrid, Madrid, Spain.

Main Outcome Measures: The assessment of OME by otoscopy and tympanometry. The rats were humanely killed at 15 and 90 days, and temporal bones were obtained and processed for histopathologic study.

Results: The histopathologic study of the temporal bones demonstrated the occurrence of chronic effusion and mucosal changes owing to mucoperiosteal enlargement.

Conclusions: Comparison with other experimental models was made. Our animal model was consistent and reproducible and resembled human OME.

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Otitis media with effusion (OME) is the most common reason for surgical admission during childhood in the Western world and is the second most common disease (the common cold is first).1 The pathologic characteristics have a sudden beginning and a variable course, usually with spontaneous resolution. In a number of cases, OME is recurrent and may evolve into different complications or sequelae (e.g., otthorheic sequelae, purulent otitis media, cholesteatoma).2

The physiopathologic characteristics are only partially understood. Many clinical and experimental studies have demonstrated that although eustachian tube (ET) obstruction is an important factor,3 it is not the only one. The pathogenesis of OME is multifactorial and includes ET dysfunction, bacterial infection (isolated forms or organized in biofilms),4 an immature immune system, allergy,5 the presence of inflammatory mediators,6 or middle ear anatomical features.7

Our objective was to develop an experimental model that reproduced the human physiopathological patterns of OME and to analyze short- and long-term histologic changes.

METHODS

Forty female Wistar rats weighing 240 to 260 g underwent a permanent blockage of the right ET by means of electrocoagulation of the pharyngeal orifice as described previously.8 Otooscopic evaluations and tympanograms were performed in all cases before the procedure and again before the rats were humanely killed. The animals were handled according to the National Council for the Care of Animals guidelines.

GROUP ASSIGNMENT

Nineteen rats were randomly assigned to the short-survival group and examined and humanely killed at 15 days after cauterization to evaluate early tissue changes. The remaining 21 animals assigned to the long-survival group were examined and humanely killed at 90 days.
after cauterization to evaluate long-term responses. All of the animals were housed under hygienic conditions in a laminar cross-flow cabinet as specific pathogen–free rats.

**ANESTHETIC PROCEDURES**

Before the procedure the animals were intraperitoneally injected with ketamine (75 mg/kg), diazepam (2.5 mg/kg), and atropine (0.02 mg/kg). The animals' temperatures were monitored by rectal thermometry and maintained at 37°C throughout the anesthetic and surgical procedures (10 minutes) with an electrical blanket. Subcutaneous buprenorphine (0.05 mg/kg injected every 8 hours) was used for postoperative analgesia.

**CAUTERIZATION OF THE ET**

The mouth of the rat was kept open with a retractor. An electrical cautery needle, 0.6 mm in diameter and curved at its end, was inserted at the soft and hard palate junction and after being introduced approximately 5 mm, was rotated to the right. Finally, the right ET nasal orifice was cauterized (for four 0.5-second pulses at 30 W). The left ear was the control.

The animals were humanely killed under anesthesia, and the temporal bones were removed. Then the bullae were fixed in 10% formaldehyde, decalcified in Microdec (Microstain; Granaro, Italy) for 2 days, and finally embedded in paraffin. Next, 3-µm-thick slices were stained with hematoxylin-eosin and Masson trichromic stain for light microscopic study.

**RESULTS**

### SHORT-SURVIVAL GROUP

Otoscopic evaluation showed eardrum retraction with medial displacement of the handle of the malleus and dullness of the tympanic membrane in the challenged right ears of all the animals. Four ears (21%) were found to have air-fluid levels, 1 (5%) presented with adhesive otitis, and 5 (26%) had purulent otitis. Findings from otoscopic examination of the control ears were within reference range in all animals.

Findings from the tympanogram showed flat curves in the 4 animals with air-fluid levels and purulent otitis, whereas the rest of the challenged ears showed values of 0.4 mL at ±200 mm H₂O and 0.7 mL at 0 mm H₂O. The control ears showed values within the reference range.

Macroscopically, the challenged ears, except in the 1 rat with adhesive otitis, contained a yellow, transparent serous fluid. The macroscopic findings in the control ears were within reference range.

Microscopically, in the challenged ears a leukocyte infiltrate was found in the mucoperiosteum and inside the middle ear. The mucoperiosteal layer was enlarged owing to vascular dilatation and proliferation, edema, and hyperplasia of the lamina propria. Mild lymphocyte and erythrocyte vascular infiltration was observed. In the epithelium there was hyperplasia that appeared cuboidal, with several layers of distended and vacuolated cells and increased numbers of fibroblasts and collagen fibers, forming polypoid masses within a serous proteinlike substance (Figure 1). Most of the middle ear was occupied by the enlarged mucoperiosteum covered by a thin layer of a nonciliated epithelium with a few goblet cells. The walls showed bone neoformation with increased numbers of osteocytes and osteoclasts and periosteum hyperplasia. These bony changes were also present in the ossicles. The tympanic membrane was slightly enlarged at the expense of the internal layer (Figure 2).

The effusion appeared as a serous fluid filling the middle ear cavity and mucoperiosteal invaginations (indicated by the asterisks in Figure 1) with a scarce mucous component. No macrophages or polymorphonuclear cells were observed except in the animals presenting with otitis.

### LONG-SURVIVAL GROUP

Otoscopic evaluation showed persistent tympanic retraction in the challenged ears of all but 4 animals: 1 rat developed a perforation, 1 rat had OME that had healed by the time it was killed, and 2 animals developed chronic otitis media (Figure 3). Tympanometric findings in the
remaining 17 animals were similar to those of the short-
survival group.

The bullae of all animals were filled with a seromu-
cous exudate, and non–foul-smelling otorrhea was found
in 2 of them. The bullae of control ears were normal.

Light microscopic examination showed a thinner mu-
coperiosteum in this group than in the short-survival

Figure 3. Otitis media with effusion at 90 days. Note mucoperiosteum
hypertrophy with reparative process and polystratified and secretory
epithelial layer (inset, hematoxylin-eosin, original magnification ×250) and
mucous effusion (hematoxylin-eosin, original magnification ×125).

Histopathologic changes in human OME consist of epi-
thelial enlargement and edema, just as OME in rats is also
characterized by a subepithelial enlargement owing to
edema associated with a certain degree of capillary di-
tilation and vascular congestion and few inflammatory
cells. In our study in the mucoid effusion type, the epithelium
became pseudostratified and goblet cells were increased as
were the intraepithelial and subepithelial secretory
glands. There was subepithelial enlargement owing to fi-
brous tissue, edema, vascular dilatation and neoforma-
tion, and infiltration of lymphocytes, macrophages, and
plasma cells.

We have developed an experimental model of ET
cauterization in the Wistar rat with the aim of stimulat-
ing and maintaining a chronic otologic disease while
avoiding development of more destructive forms of otitis media. The experimental OME developed in our
model is similar to the OME described in human and
and was reproducible in most of the animals in our
study.

In Wistar rats, ET cauterization induced a middle ear
inflammatory reaction, showing an intense mucoperi-
stitis at 15 days, with a small leukocyte infiltration mainly
around the vessels, a remarkable fibrous tissue hyper-
trophy (immature collagen fibers), with vascular dilata-
tion and neoformation, and cavitations of the mucoperi-
osteum in the areas closest to bone. The tympanic
membrane was less affected than the rest of the middle
ear mucosa in this acute phase, showing only a slight
thickening of the internal layer. The bony walls and the
ossicles showed signs of osteogenic activity. The acute
inflammatory response mainly affected the mucoperi-
osteum with an increased vascular dilatation and neoform-
ation. Because there was no evidence of gland hyper-
trophy and metaplasia involvement, the serous effusions
must have been the result of transudation.

After 90 days of permanent blockage of the ET, some
changes tended to consolidate, although they were less
intense than at 15 days, and new features could be seen.
Mucoperiostitis decreased, and fibrotic changes were more
marked, with decreasing cellularity and maturing colla-
gen fibers. Vessels and cavitations were enlarged. In con-
trast to the changes observed in the epithelial layer at 15
days, at 90 days it was of a ciliated pseudostratified type
with an increased number of goblet cells and intraepi-
theelial and organized submucosal secretory glands. The
middle ear cavity was more spacious because there was
less edema of the mucoperiosteum, which showed fi-
brous adhesions. The middle ear cavity was filled with a
mucoid effusion and cellular rests. A laminar bone with-
out osteoblastic activity was seen. Chronic histologic
changes were noted: organization and maturing of fi-
brous tissue, retraction of tympanic membrane, and also
adhesion to the ossicles, and epithelial metaplasia to a
hypertrophied, ciliated, and secretory epithelium. Con-
sequently, chronic effusion was an exudate rather than an
acute transudate.

When comparing infected vs noninfected ears at 15
days, it was interesting to see that the histopathologic
changes were qualitatively similar but were more in-
tense in the infected cases, with a higher polymorpho-
nuclear infiltration in the mucoperiosteum and effusion
of the middle ear cavity. The same changes were ob-
served at 90 days when comparing infected vs nonin-
fect ed ears. These similarities support the continuum
theory of otitis media.

There exist many experimental models of OME with
varied histopathologic findings. In some cases, pathol-
logic changes were intense and affected all middle ear
structures, whereas in some cases only a mild inflamma-
tion of the mucoperiosteum and a serous effusion were
observed. Comparison of our results at 15 days with other
experimental models is shown in Table 1, and our
findings at 90 days are also compared with other
experimental models in Table 2.

Several animal models in which the middle ear was
manipulated or isolated from the pharynx have shown
features similar to those found in human OME. In a study by Tos, germ-free rats developed only a sterile serous effusion with an intense goblet cell hyperplasia after ET obstruction. However, specific pathogen-free Wistar rats with saprophyte germs in the nasopharynx showed humanlike histopathologic changes when developing OME without infection. Kuipers et al defined these as animals free of pathogenic microorganisms but with nonpathogenic symbiotic germs, reared under hygienic conditions, and housed in a laminar cross-flow cabinet. Therefore, it may be possible that what we are studying is a pathologic entity with serous effusion but different from human OME, because animals with an anatomical disruption or nasopharynx isolation do not reproduce anatomical or physiopathological human conditions. Thus, ET blockage with plastic materials but with-
nor vascular dilatation or edema, although an increased goblet cell population was shown.10,15 This abundant, serous effusion seems to be related more to an increased secretory activity rather than to the increased permeability that occurs with inflammatory stimulation models or in human OME,9 in which vascular dilatation and permeability are related to the presence of endothelial vascular growth factor.12 This factor is released in the inflammatory response.

Fibrous tissue was composed of immature collagen fibers and had a high cellularity in all models at 15 days. Bone and tympanic membrane changes were also similar in the different models. Therefore, it is reasonable to conclude that these pathologic changes are a consequence of unspecific repairing processes rather than the original cause of the acute inflammation.

At 90 days, mucoperiosteum had decreased and repairing processes were dominant, and an important epithelial metaplasia to pseudostratified epithelium was seen, with edema and increase in secretory cells.10,14,15,20

It is remarkable to see that when ET obstruction procedures were performed in certain animal species such as rabbits, chinchillas, or mongolian gerbils,14,20 most of these animals developed a cholesteatoma with keratin accumulation and not OME.

When specific pathogen–free Wistar rats10,15 were used instead of germ–free rats, the changes were more similar to those in human OME. Findings from culture samples from germ–free rats were negative for organisms, and symbiotic germs were detected in specific pathogen–free rats. This observation is in accord with recent studies in humans where bacterial colonization in human OME was detected by polymerase chain reaction techniques in all cases.4

In conclusion, short– and long–term histopathologic results in our OME experimental model are similar to those in human OME. The procedure presented in this study overcomes weak points found in other experimental models and fairly reproduces physiopathological conditions found in human OME.

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Author Contributions: Drs Vicente, Trinidad, Ramírez-Camacho, García-Berrocal, and Pinilla had full access to all the data in the study and take responsibility for the integrity of the data and the accuracy of the data analysis. Study concept and design: Vicente, Trinidad, Ramírez-Camacho, Garcia-Berrocal, and Pinilla. Acquisition of data: Vicente, Trinidad, González-García, Ibáñez, and Pinilla. Analysis and interpretation of data: Vicente, Trinidad, Ramírez-Camacho, Garcia-Berrocal, and Ibáñez. Drafting of the manuscript: Vicente, Trinidad, Ramírez-Camacho, García-Berrocal, and Pinilla. Critical revision of the manuscript for important intellectual content: Vicente, Trinidad, Ramírez-Camacho, and García-Berrocal. Statistical analysis: Vicente. Obtained funding: Vicente and Ramirez-Camacho. Administrative, technical, and material support: Vicente, Trinidad, González-García, and Ibáñez. Study supervision: Vicente, Ramirez-Camacho, Garcia-Berrocal, and Pinilla.

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