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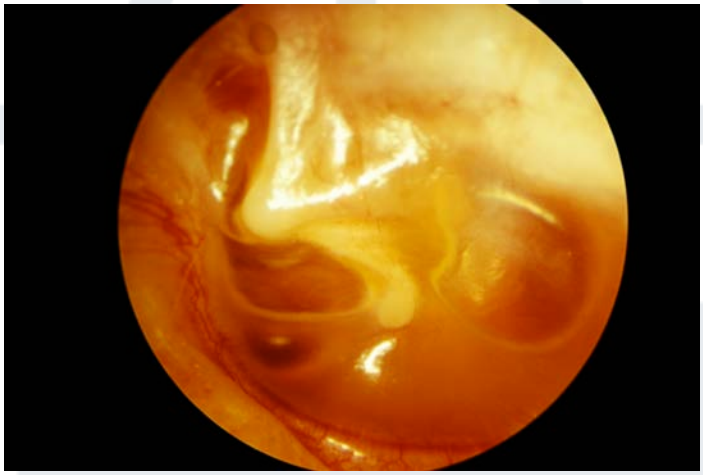
OTITIS MEDIA WITH EFFUSION,

(OME), GLUE EAR, SECRETORY OTITIS MEDIA, SEROUS OTITIS MEDIA (SOM)

Middle ear effusions (OME) are a common cause of childhood deafness and speech delay and are not uncommon in adults. The condition arises from failed function of the Eustachian tube (Eustachian Tube dysfunction). This structure connects the rear of the nose to the ear. Normally closed, it opens during swallowing, yawning, or other palatal action, letting air into the middle ear. Failure to open causes a partial vacuum in the ear, which induces a discharge of fluid from the surrounding tissues, filling the ear. Initially watery, the effusion, if left, becomes thicker and sticky, hence the term “glue ear”. The problem is commonly not painful, often overlooked and is a significant educational problem for children.



Middle Ear Effusion: The main cause of childhood deafness

Characteristics

In children the problem is normally a child under 5 years age, perhaps with a history of recurrent URTI or middle ear infection. Those outside the immediate family commonly report delayed speech, inattentiveness, or slow responses. Schooling results may fall off, and be noted by the teachers. Routine or related audiology may show a limited degree of loss with tympanometry also showing suspect outcomes (Type B). Pain is not the norm, but Eustachian tubal blockage may arise from an acute middle ear infection that is painful at the time. Mouth-breathing or nasal discharge may indicate origins in chronic nasal/adenoidal infection.

Adults note the problem after a respiratory tract infection that leads to a blocked ear. Pressure effects from diving or air travel (barotrauma) may also initiate an effusion. For uncertain reasons, the elderly may also develop repetitive effusions, evidently secondary to covert dysfunction of the tubal opening mechanisms.

In most cases the diagnosis is reached by simple inspection of the eardrum. Problems occur when this is scarred, opaque or obscured by debris, the latter especially in uncooperative children who decline removal of any canal matter.

Effusions may also occur secondary to cancer in the rear of the nose. This is a problem that particularly affects people of the southern China region.

Treatment

In many cases the effusion will dissipate spontaneously, but in other cases this

does not eventuate, or the blocked/deaf symptoms (in adults) are not tolerated. Vent tube insertion into the drum eliminates the problems promptly. This may be done successfully under topical anaesthesia in adults, with little discomfort. Children require general anaesthesia, the tube insertion often being accompanied by adenoidectomy to minimise nasal infection and thus the risk of recurrence. Tonsillectomy is not of benefit in general.

Vent tube insertion clears the majority of cases, but a small group may incur recurrent or intractable tubal dysfunction. Repeated tube insertions may be beneficial but do not cure the problem as such.

Unhappily, some cases suffer longstanding dysfunction that may damage hearing permanently, and lead to variety of other significant ear problems.

More information

- Failure of the Eustachian Tube