

Management of Otitis Media with Effusion

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Objective: To evaluate the management of otitis media with effusion based on American Academy of Otolaryngology, clinical practice guidelines on otitis media with effusion.

Design: Prospective Clinical Study.

Setting: Professor Abdulaziz Ashoor ENT clinic.

Method: Forty-eight children with otitis media and effusion (OME) were seen in the clinic. Detailed history, clinical examinations, tympanograms with or without audiograms were taken before and after medical management. Children with upper respiratory infections (URI) were treated accordingly. The non-infected cases were treated conservatively with chewing gums, blowing balloons and observation for 3 months. Chronic cases were referred for surgery. Three children were referred for objective hearing evaluation (BERA).

Result: Between March 2007 – 2011, 29 males and 19 females with a mean age of 6 years were seen complaining of recurrent attacks of earache, URI, hearing difficulties and delayed speech. Their mean follow-up was 8.6 months. Thirty-eight had acute and 10 had chronic OME. The acute ones were having either bilateral type C, or type C, B, or type A's, B, or bilateral type B tympanograms. Among the chronic ones, 7 were having bilateral type B, 2 bilateral type C and one patient had one ear type B and the other ear type A.

After 3 months observation, the acute ones showed positive changes of their tympanograms and good to excellent hearing improvement. Five of the chronic ones were referred for surgery, 3 showed good hearing improvement and 2 did not show up for follow-up. We found a good correlation between hearing improvement and improvements in tympanograms.

Conclusion: The guidelines on the treatment of OME by the American Academy of Otolaryngology Head and Neck Surgery are safe, practical, less expensive, associated with less complications and have excellent outcomes. We recommend that these guidelines should be followed and should be available to the treating physicians in private and public health sectors.