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2021 G^P CONFERENCE



Otitis Media:

Who needs to be seen and why?

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Learning Objectives

- differentiate between AOM and OME
- understand medical treatment for otitis media
- recognise which patients may benefit from surgical intervention

Acute Otitis Media (AOM)

- It's common – a quarter of under 5's will get it each year.
- Three quarters of these will only get it once.
- 5% of those with AOM will develop it recurrently
- This 5% are the group who may benefit from grommet insertion

- Visual inspection of the ear drum
- Vital signs – fever $>38^{\circ}\text{C}$ and tachycardia
- Don't do tympanometry (it hurts!)



Normal tympanic membrane AOM in 3-year old¹³

- **Symptomatic treatment – paracetamol and ibuprofen**
- Vaccination and smoking cessation advice
- Consider antibiotics if (half of those seeing GP get Abx!)
 - Child <2 years
 - Systemically unwell
 - Symptomatic >36 hours
- Amoxicillin 30-40mg/kg/day

- Referral when
 - Complication of AOM (suspected mastoiditis / subperiosteal abscess or intracranial)
 - >6 episodes of AOM in 12/12
 - >4 episodes of AOM in 6/12

Otitis Media with Effusion (OME / Glue Ear)

- Fluid without middle ear inflammation (I accept this can be hard to tell with a screaming 2 year old!)
 - Type B low tympanogram
- Three quarters of kids will have had by age 5
- Mean duration 8 weeks



- Observation (not antibiotics!)
- Weak evidence for intranasal steroids (in kids with nasal obstructive symptoms)
- Refer to ENT if:
 - OME persistent for > 3 months AND hearing concerns
 - Fluctuating OME for > 3 months AND hearing concerns
 - Cleft palate



- Magnitude of benefit
 - 12dB improvement at 3/12
 - 4dB at 9/12 (because more than half have extruded)
 - Reduction in AOM rates in <3 year olds
- More prolonged benefit in those who underwent concurrent adenoidectomy (>3 years)
- Risks
 - Otorrhea (10-30%)
 - Tympanosclerosis (1/4)
 - Persistent Perforation (2-4%)

- All patients will be seen by ENT at ~ 3 months with a hearing test
- Unless high risk (second set / hearing concerns), will be discharged to GP at that point
- Treat otorrhea topically - Cipro HC first line (but expensive), Ciloxan or Sofradex

In Summary

- Antibiotic treatment for AOM when
 - signs of systemic illness
 - age <2
 - symptoms > 36 hours
- Consider surgical intervention
 - multiple recurrent AOM (>4 in 6 months)
 - 3 months of OME AND hearing loss
- Grommet insertion is a safe and effective (temporary) intervention for hearing loss in the setting of middle ear effusion

Red Flags

- ▶ **Hearing loss or speech delay with normal drum and type A tympanogram.**
- ▶ **Acute otitis media with postauricular swelling or mastoiditis or neurological symptoms.**
- ▶ **Infants who do not respond to sound.**

The incidence of acute otitis media in New Zealand children under five years of age in the primary care setting. B Gribben et al. J Prim Health Care 2012 Sep 1;4(3):205-12.

Tech note - ventilation tubes for otitis media 31-01-13.pdf National Health Committee <http://www.nhc.health.govt.nz/>

3DHB Health Pathways - Otitis Media

For more information
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