# Otitis media with effusion (glue ear)

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Otitis media with e ff usion (OME) is a middle ear e ff usion with no evidence of infection. It has a bimodal incidence a ff ecting 40% of 2-year-olds (age of starting nursery) and 20% of 5-year-olds (age of starting school). It arises mainly in the winter months, suggesting an infective aetiology . Infection and inflammation of the immature Eustachian tube results in poor middle ear ventilation, negative pressure and the transudation of fluid. The following symptoms may be associated with glue ear: /uni25CF hearing impairment, which often fluctuates; /uni25CF delayed speech; /uni25CF behavioural problems; /uni25CF recurrent ear infections (the exudate is an ideal culture me dium for microorganisms); /uni25CF reading and learning di ffi culties at school. Antonio Maria Valsalva , 1666–1723, Italian physician and anatomist. Otoscopic findings with glue ear The otoscopic findings of exudative glue ear are of a dull drum that is immobile on pneumatic otoscopy . The tympanic membrane is retracted and radial blood vessels may be present ( Figure 51.19 ). In children first presenting with bilateral glue ear, 50% will be better within 12 weeks, therefore a ‘wait and watch’ policy is appropriate. If a bilateral conductive hearing loss persists, reduced IQ and behaviour changes. there is some evidence of However, speech delays are reversed by age 8. Medical treatment is of limited value. Valsalva manoeu - ® device ( Figure 51.20 ) are worth trying vres and the Otovent for patients old enough to comply in an attempt to improve Eustachian tube function. Surgical insertion of ventilation tubes (grommets) ( Figure 51.21 ) and adenoidectomy are e ff ective and should be discussed if there is no resolution after - a period of watchful waiting. A middle ear e ff usion in adults is often associated with an upper respiratory tract infection.

# Figure 51.17 Acute otitis media of the left ear. Note the bulging tym panic membrane. Figure 51.18 Child with acute mastoiditis whose tympanic membrane is shown in

# Figure 51.16 . Figure 51.19 The initial serous transudate of glue ear, left ear (courtesy of Dr Christian Deguine). (Reproduced with permission from O’Dono

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ghue GM, Bates GJ, Narula A. Clinical ENT: an illustrated textbook . Oxford: Oxford University Press, 1991.) ® Figure 51.20 Otovent device.

A persistent unilateral e ff usion in an adult requires examina tion of the postnasal space to exclude obstructive nasopharyn geal carcinoma, which is the most common carcinoma in men in southern China. Summary box 51.5 AOM and OME /uni25CF /uni25CF /uni25CF /uni25CF

Figure 51.21 Ventilation tube in the tympanic membrane, left ear (courtesy of Dr Christian Deguine). AOM is very common but rarely associated with severe complications such as mastoiditis OME is very common in children and usually resolves without treatment Persistent OME and/or recurrent AOM are best treated with grommets and/or adenoidectomy A persistent middle ear effusion in an adult may be caused by a nasopharyngeal carcinoma; this is commonest in people from southern China

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