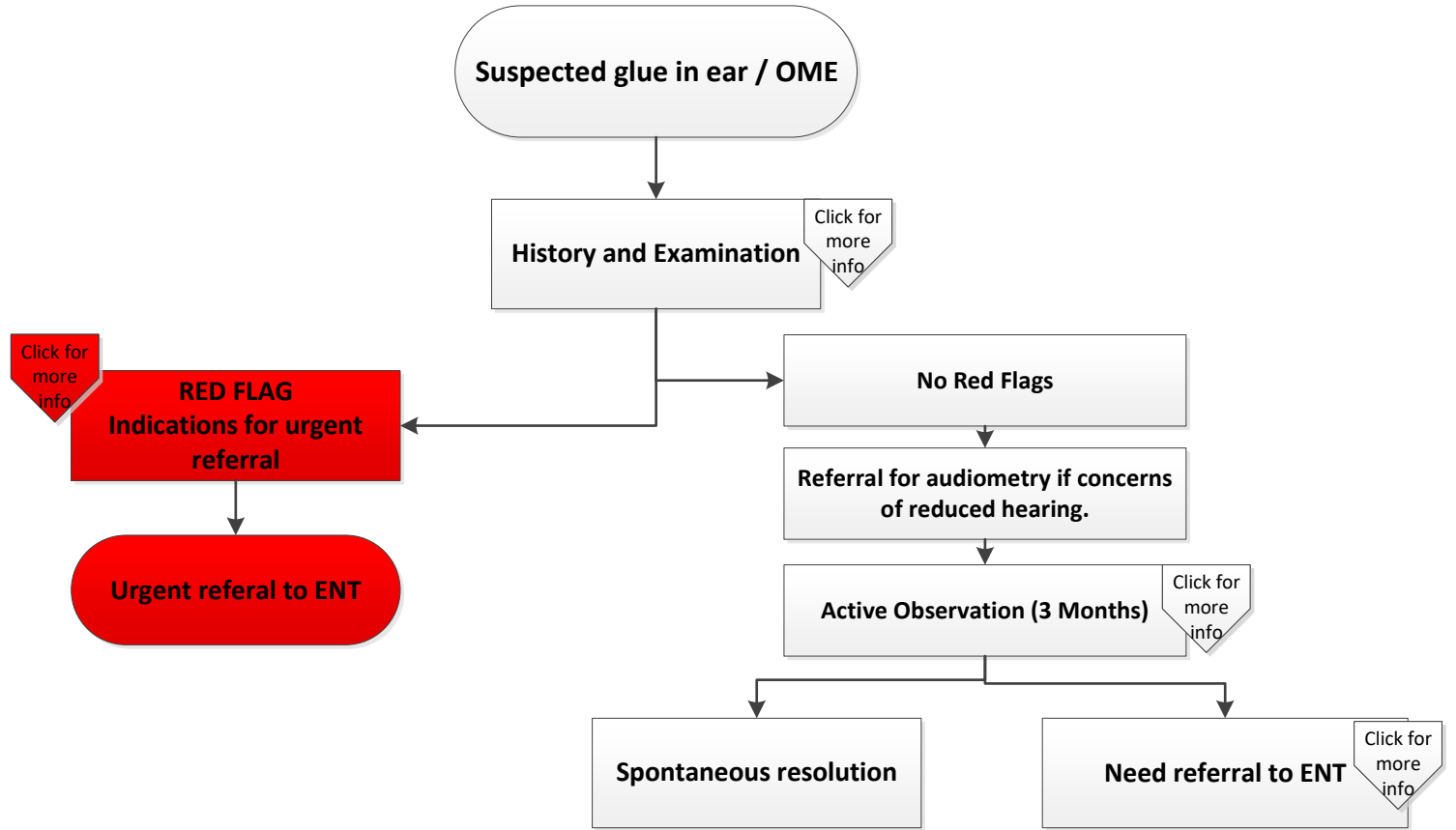


Glue Ear in Children

NB: transient periods of middle ear effusion commonly follow episodes of upper respiratory tract infection and episodes of acute otitis media, but in many cases there is no identifiable cause of the effusion.

Most middle ear effusions resolve within three months and cause no effects on the child's development, thereby not requiring specialist assessment



History and Examination

History

- Results of the newborn hearing screening test
- Hearing loss (lack of concentration, speech and language problems, poor progress at school)
- Mild intermittent ear pain (fullness/ popping)
- Aural discharge
- Recurrent ear infections, URIs or frequent nasal obstruction

Examination

- Signs of effusion:
 - Yellow/amber/blue appearance to the drum
 - Loss of light reflex
 - Opacification of the drum
 - Air/fluid level
 - Retracted drum

N.B. Tympanic membrane may appear normal

RED FLAG Indications for urgent referral

- Hearing loss is severe (61 dB or greater) and requires urgent referral within 2 weeks to exclude additional sensorineural deafness or Evidence of sensorineural deafness
- There is a persistent, foul-smelling discharge suggestive of a possible cholesteatoma.
- Children with Down's syndrome or cleft palate, who are suspected to have otitis media with effusion (OME) require immediate referral for specialist assessment.



Information for patients

Glue Ear leaflet: <http://patient.info/health/glue-ear-leaflet>

Active observation (or 'watchful waiting') :

Generally involves observations for 3 months as spontaneous resolution is common

- To re-evaluate signs and symptoms of the effusion
- Explore any concerns regarding the child's hearing or language development
- To look for any complications, as this will determine whether it is appropriate to continue with active observation or refer to the child to an ear, nose, and throat (ENT) specialist.

Ideally, this should include two hearing tests using pure tone audiometry at least 3 months apart as well as tympanometry.

- Following the hearing test, the decision to refer to an ENT specialist will depend on the severity of any confirmed hearing loss and suspicion of a delay in the child reaching developmental milestones.

ROUTINE referral criteria as per CKS/NICE

- Hearing loss of any level is associated with a significant impact on the child's developmental, social, or educational status.
- Significant hearing loss persists on two documented occasions (usually following repeat testing after 6–12 weeks).
- The tympanic membrane is structurally abnormal (or there are other features suggesting an alternative diagnosis).
- While on active observations for 3 months any signs of symptoms of persistent OME /hearing impairment that is affective child communication, language and developmental milestones /any complications consider referral to ENT.