

Guideline Highlights

Otitis Media with Effusion— age 2 mo to 13 years

Target Population: Children 2 months to 13 years of age with signs and symptoms of otitis media with effusion (OME)

Exclude: • Children with functioning PE tubes in place

Goal: To monitor the presence or resolution of middle ear effusion (MEE), especially in those at risk for developmental difficulties, for the appropriate timing for referral

General Highlights and Recommendations

DIAGNOSIS and EARLY MANAGEMENT

1. Diagnose by the presence of MEE, assessed by pneumatic otoscopy, without signs and symptoms of acute inflammation. Tympanometry may be used to enhance accuracy.
2. Early identification of the child at risk for developmental difficulties is important. This risk includes delays or deficits in hearing, sight, speech, language, development, and syndromes (e.g. Down) and craniofacial disorders that include cognitive, speech and language delays.

Aggressive management of these children is recommended and may include: earlier referral for audiologic evaluation, shorter intervals between visits, antibiotic therapy, referral for speech/language assessment, referral for PE tubes, and/or referral for other otolaryngological evaluation.

3. Observation without antibiotics or other medications is the first-line management for at least 3 months after diagnosis of OME in otherwise healthy children.
4. Reevaluate the child at 1-2 months after diagnosis and then again at 3 months after diagnosis or until either: spontaneous, medical or surgical resolution of the effusion is achieved or until basis for referral is identified.

MANAGEMENT OF PERSISTENT EFFUSION (> 3 months duration)

5. Begin a discussion with parents about the PE tube procedure, alternatives, risks, benefits and expected outcomes.
6. Refer for audiologic evaluation after 3 months duration.
7. Refer for PE tube evaluation for: recurrent AOM; moderate hearing loss; anatomic changes developing secondary to OME or AOM; severe retraction pockets in the TM, otalgia, tinnitus, or if neurologic problems related to balance are evident; or complications from AOM or chronic OME.
8. Consider these parameters when deciding between further observation or referral for PE tube evaluation:
 - ◆ MEE for at least 3 months duration, and with mild hearing loss
 - ◆ family preferences
 - ◆ developmental disorders
 - ◆ previous PE tubes
 - ◆ sibling history of ear infection
 - ◆ male gender
 - ◆ fall and winter season
9. If further observation is selected, reevaluate every 3 months for 3-9 months, including a repeat of audiologic evaluation, and suggest strategies for optimizing the listening-learning environment.

FAMILY EDUCATION

10. Educate family on the natural history of OME and the importance of follow-up for unresolved OME, preventable risk factors, and preventive strategies for the learning-listening environment.