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Ventilation Tubes for OME in Cleft Palate: Do We or Do We Not?

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Cleft palate (CP) incidence is about 1 in 700 children, making it one of the most common congenital anomalies worldwide. The associated eustachian tube dysfunction in these patients results in persistent negative middle ear pressure that leads to otitis media with effusion (OME). The population of children with congenital CP is characterized by a near universal prevalence of OME in infancy and a much higher prevalence at all ages when compared to non cleft patients. Consequently, 75 to 90% of children with CP have OME at time of palatoplasty. Despite being a common condition, there are no guidelines on management of OME in CP. Therefore, optimal otologic management is always a subject of debate. Historically, management options for OME in CP include: watchful waiting, provision of hearing aids, or insertion of ventilation tubes (VTs). Ventilation tubes are often inserted preventively during time of palatoplasty. Studies show that preventive tubes provide short term hearing gain but long term otological outcomes do not appear to be superior to tubes inserted based on indication. In patients with unilateral CP, VTs improve hearing sensitivity but improvement is not seen in high frequencies. In conclusion, review of current evidence shows that the role of VTs for OME in CP is not firmly established. To define best management practices for OME in CP children, well-controlled, prospective, preferably blinded studies that evaluate the comparative efficacy of specified interventions intended to decrease future OME risk are needed.