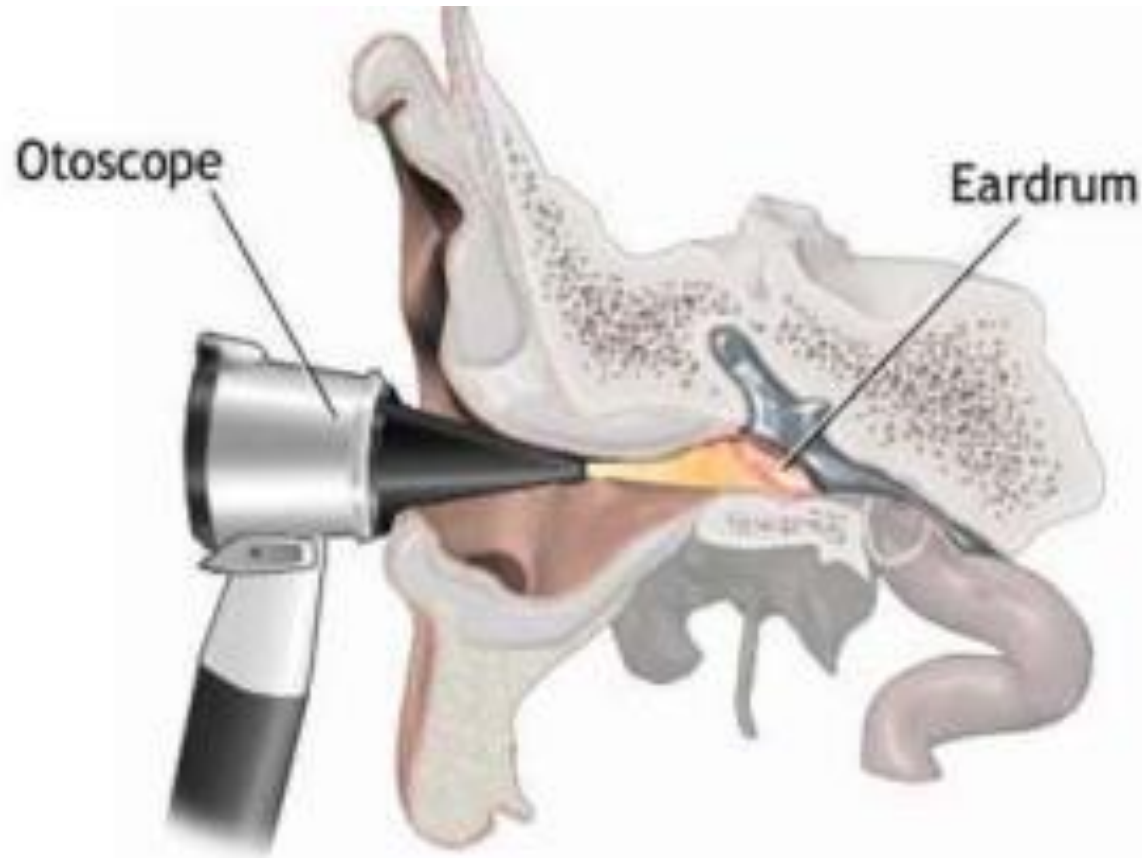


# Secretory Otitis Media [ Glue Ear ]



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# Introduction

- Due to the inflammation of the middle ear cavity it produces effusion
- This fluid would be either serious or viscous within the middle ear cleft
- It is essential to identify this condition by the medical officers to prevent from serious complications



# Epidemiology

- Common in children
- One third of all children in their lifetime they can get this condition
- Rare in adults
- In adults, it has an association with upper respiratory tract infections and nasopharyngeal carcinoma



# Pathophysiology

- Occurs due to the poor function of the eustachian tube
- Leads to absorption of the  $O_2$  into middle ear mucosa
- So that negative pressure is developed inside the cavity
- It leads to transudation of the fluid into the cavity



# Aetiology

- **Nasopharyngeal obstruction**

Large adenoids or tumours will block the functions of the eustachian tube

- **Untreated acute otitis media**

Leads to perforation and drainage of the middle ear. This can be prevented by adequate antibiotic coverage

- **Allergic rhinitis**



- Other structural abnormalities

  - Cleft palate

  - Nasal polyps

- Smoking

  - Parental smoking will predispose glue ear in children

- Idiopathic

  - Spontaneous middle ear infection without any obvious cause is always common



# Symptoms

- Deafness

In most cases this is the only presentation or a complain

- Discomfort in the ear

Rarely seen in the practice

- Tinnitus and unsteadiness

Seen occasionally



- Delayed speech
- Behavioural problems
- Recurrent ear infection
- Reading and learning difficulties at school





# Signs

- Fluid in the middle ear
- Retraction of the tympanic membrane
- Radial vessels may be visible on the tympanic membrane
- Dark blue or grey colour of tympanic membrane
- Hair lines or bubbles



# Management

- Management is depended on the age of the patient
- Conservative management
  - Done in many cases in children since it may resolve spontaneously
- Surgical methods and devises for hearing



# Management In Children

- Conservative management
- Pharmacological management
  - Antibiotic therapy may support for the healing in many cases
  - Mucolytic and antihistamines have no proven benefits
- Surgical methods
  - Adenoidectomy



# Adenoidectomy

- Adenoidectomy is beneficial in long term survival from otitis media
- maximum benefit occurs between the ages of 4 and 8 years



# Myringotomy and grommet insertion

- Most commonly performed operation in many countries to treat otitis media in children
- Done under general anaesthesia
- Tympanic membrane is incised antero-inferiorly and aspirate the exudate
- Then the grommet is inserted into the incision



# Management in adults

- Examination of the nasopharynx to exclude tumour is essential
- Under same anaesthetic, grommet can be inserted
- Secretory otitis media in adults not due to tumour usually follows a cold
- Resolution is usually spontaneous, but may take up to 6 weeks



*THANK YOU*



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