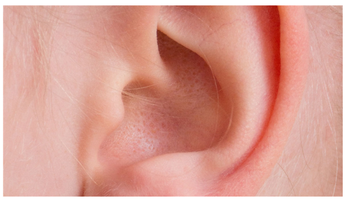
ENT Conditions and Procedures

Glue Ear (OME)



Quick Links

Introduction

Back to top

Glue ear is common. Up to eight in every ten children (80%) will have a short episode of glue ear before they start primary school. The medical name for glue ear is “otitis media with effusion”.

Doctors are not sure about all the causes of glue ear. Sometimes it follows after an ear infection, but many children with glue ear have never had an ear infection. The adenoid in the back of the nose may become infected with coughs and colds and the bacteria spread into the ear causing inflammation. The fluid (or “glue”) probably forms in the ear as a result of this inflammation.

Often, the hearing loss from glue ear is not enough to be noticed by the parents. Often, it is the child minder or nursery teacher who notices that the child cannot hear that well in a group situation. Sometimes, in a younger child, the hearing does not seem to be a problem, but the child’s speech and language development is slower than his or her friends of the same age. Some children complain of earache because of the fluid in their ears.

Some children have balance problems or poor attention as a result of glue ear. Sometimes, the only problem reported by parents or carers is behavioural problems. This is probably due to frustration on the part of the child who cannot hear properly.

If you have concerns about your child’s hearing or speech and language development, you should ask your health visitor or GP to refer your child for a hearing test. For children under the age of four years, this will probably be at a community hearing clinic. For older children, they will probably be referred to an ENT (ear, nose and throat) clinic in a hospital to see a specialist and have a hearing test.

For most children, the glue ear will get better with no treatment. You will probably be asked to come back for a second hearing test three or four months after the first test. Many children will get better over this time.

Those children who do still have problems after this period of what doctors call ‘watchful waiting’ or ‘active monitoring’ will probably be recommended surgical treatment. This may be grommet surgery or adenoidectomy and grommet surgery.

Frequently asked questions

Back to top

Is there any treatment that will help the glue ear clear away more quickly?

The evidence is that neither medical treatments such as antibiotics or antihistamines nor alternative treatments such as cranial osteopathy are any better than waiting for a period of three months to see if the glue ear clears on its own.

If my child has glue ear, are there any alternatives to grommets?

Hearing aids will help the hearing and give more time for the glue ear to clear. You can discuss this with your specialist.

Should some children with glue ear have hearing aids as a first treatment?

For some children, glue ear can be a problem for much longer than others. In children with Down’s syndrome or cleft palate, hearing aids should be discussed with your specialist as a first treatment for glue ear.

Is there anywhere else I can get good information about glue ear?

In 2008, the National Institute for Health and Clinical Excellence (NICE) published a guideline about the treatment of glue ear in children. [www.nice.org.uk].

What happens if the glue ear is not treated?

Doctors do not really know if any damage occurs to the ear or hearing if the glue ear is not treated. We usually advise treating the problem if it does not clear up on its own to avoid the risk of long-term damage to the ear and hearing or problems in later life with language skills.

Is glue ear common in adults?

Glue ear is uncommon in adults. It can follow on from a bad head cold, flu or other viral infection of the ear, nose or sinuses. Rarely, it can be caused by a serious blockage of the tube that goes from the back of the nose to the ear. (The Eustachian tube). Adults with glue ear should be seen by a ENT specialist as soon as possible.

by Peter Robb and Haytham Kubba