



LISTEN, HEAR

Mr Elliot Benjamin, consultant ENT surgeon at The Wellington Diagnostics & Outpatients Centre, looks at glue ear, a common condition in children which can be prevalent during the winter months

Glue ear doesn't describe a child's misdemeanour with a pritt stick, but actually a common condition which affects 85 per cent of children by the age of five. The 'glue' in question is a build up of secretions, just behind the ear drum, that often occur after an ear infection or a cold.

Why does it occur?

In most children this fluid will disappear after about three weeks, sometimes it may linger slightly longer. While it is present, it will have an effect on the child's hearing – as normally the space behind the ear drum is filled with air, rather than fluid which can become thick and persistent if it remains for several months.

The natural tube from the middle ear to the nose – the eustachian tube – normally ventilates the middle ear allowing air to replace the fluid. If the tube is narrow or blocked by large adenoids (like small tonsils – which sit at the back of the nose) then air can not get into the ear and so the fluid remains. It is a bit like trying to pour orange juice through a very small hole in a tiny carton.

Can glue ear become a problem?

In most children glue ear is not a problem, and will correct itself in one to two months. However, in the small percentage where it becomes persistent, issues may occur. You may notice your child speaking louder than normal or insisting on having the television turned up high. Especially in younger children, you may notice a deterioration in speech development, i.e. either poor quantity of words being spoken or often the quality of the pronunciation declines – you find it difficult to understand every word your child says, she may say 'cab' instead of 'cat', etc.

Sometimes, you notice your child's concentration or behaviour worsen, or you may notice your child becomes slightly introvert. Of

course, not all bad behaviour can be blamed on glue ear – but it is often something to consider.

How can the problem be resolved?

In the vast majority of children, no treatment is needed. It is important to remember the glue ear will often cure itself, but may take a couple of months to do so. It is only when symptoms persist that intervention may be needed. It is always worth documenting the level of the actual hearing with a formal hearing test and a pressure test or tympanogram. This gives an idea of the movement of the ear drum, if there is fluid, then the ear drum will not move and the trace will be flat.

As far as medical treatments are concerned, there is little evidence to show antibiotics, or steroids, have much of a role in removing the glue ear. The same is also said for alternative treatments like homeopathy, acupuncture, cranial osteopathy, etc. Remember, glue ear will eventually get better itself, hence why some of these treatments may appear to work.

You will hear of many children having grommets inserted in an operation to cure glue ear. This is a quick, safe operation, in which a tiny hole of about 5mm is made in the ear drum, the fluid is drained and a plastic ventilation tube or 'grommet' inserted. This allows air to continue to get into the ear and so prevent further glue formation. It's a bit like making a second hole in your carton of orange juice to help pour out the contents by letting the air in.

Grommets normally last about six to nine months and then fall out of the ear, with the hole repairing itself. Occasionally the glue ear can return and further grommets may be needed.

Glue ear causes a mild, temporary and reversible hearing loss that will in most cases resolve spontaneously. Only if symptoms persist, surgical intervention may be needed.

MEET the specialist

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For further information please visit
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