Tympanostomy tubes in children with otitis media
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Record Status
This is a bibliographic record of a published health technology assessment. No evaluation of the quality of this assessment has been made for the HTA database.

Citation

Authors' objectives
The objectives for the systematic review are to synthesize information on the effectiveness of tympanostomy tubes (TT) in children with chronic otitis media with effusion and recurrent acute otitis media, summarize the frequency of adverse effects or complications associated with TT placement, synthesize information on the necessity for water precautions in children with TT, and assess the effectiveness of available treatments for otorrhea in children who have TT.

Authors' conclusions
The literature search yielded 13,334 citations, of which 172 articles are included in the report. Overall, the evidence suggests that TT placed in children with persistent middle-ear effusion improve hearing at 1 to 3 months compared to watchful waiting, but there is no benefit at 12 to 24 months. TT did not consistently improve language, cognition, behavior, or quality of life. However, evidence is sparse, limiting definitive conclusions, and is applicable only to otherwise healthy children. The current evidence base provides little guidance for the treatment of children with cleft palate or Down syndrome. Children with recurrent acute otitis media may have fewer episodes after TT placement, but the evidence base is limited and there is insufficient evidence to assess the impact on quality of life. The benefits of TT placement must be weighed against a variety of adverse events. There is no compelling evidence for children with TT to avoid swimming or bathing, or use earplugs or bathing caps. Should otorrhea develop, the evidence supports topical treatment rather than oral antibiotics or watchful waiting.

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