

Grommets effective for recurrent acute otitis media

Clinical question	How effective are grommets for recurrent acute otitis media (AOM) in children?
Bottom line	Grommets have a significant role in maintaining a "disease-free" state in the first 6 months after insertion, in children aged 3 years or younger. In one study, grommets reduced the number of episodes of acute otitis media by an average of 1.5 episodes per child (a reduction of approximately 70%), and significantly increased the proportion of children with no episodes of AOM. The other study reviewed also found a higher proportion of patients in the grommet group had no episodes of AOM in the 6 months after intervention, but the difference was not statistically significant. The effect size was small in terms of total number of episodes of recurrent AOM but in both studies more than 50% of children were AOM free, while only a handful were rendered AOM free in the antibiotic arm.
Caveat	This review involved only 2 small studies. Further research is required to investigate the effect of grommets beyond 6 months. Clinicians should take into account an individual patient's circumstances, the possible adverse effects of grommet insertion and the potential complications of AOM before surgery is undertaken.
Context	AOM is one of the most common infectious diseases in childhood. Recurrent AOM is defined for the purposes of this review as either 3 or more acute infections of the middle ear cleft in a 6-month period, or at least 4 episodes in a year. Strategies for managing AOM include the assessment and modification of risk factors where possible, repeated courses of antibiotics for each new infection, antibiotic prophylaxis and the insertion of grommets.
Cochrane Systematic Review	McDonald S et al. Grommets (ventilation tubes) for recurrent acute otitis media in children. Cochrane Reviews 2008, Issue 4. Article No. CD004741. DOI: 10.1002/14651858.CD004741.pub2. This review

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[References]



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