

No evidence adenoidectomy benefits acute otitis media but it can benefit glue ear

| Clinical question | How effective is adenoidectomy for acute otitis media (AOM) and chronic otitis media with effusion ("glue ear") in children? |
|---|---|
| Bottom line | Compared with non-surgical management or tympanostomy tubes only, adenoidectomy with or without tympanostomy tubes confers no benefit in children with AOM in terms of recurrence and duration of AOM. Adenoidectomy in combination with a unilateral tympanostomy tube has a beneficial effect on the resolution of glue ear for the non-operated ear at 6 months and 12 months, respectively (n = 3 trials), and a very small (<5dB) effect on hearing, compared to a unilateral tympanostomy tube only. The trials were too heterogeneous to pool in a meta-analysis. A small beneficial effect of adenoidectomy on the resolution of effusion was also seen in studies of adenoidectomy with or without myringotomy versus non-surgical treatment or myringotomy only, and in studies of adenoidectomy in combination with bilateral tympanostomy tubes versus bilateral tympanostomy tubes only. The latter results could not be pooled due to the heterogeneity of the trials. |
| Caveat | The absence of a significant benefit of adenoidectomy on AOM suggests routine surgery for this indication is not warranted. The effects of adenoidectomy on changes to the tympanic membrane or cholesteatoma are unknown. |
| Context | Both acute and chronic middle ear infections (AOM and glue ear) are very common in children. Adenoidectomy is often performed for these conditions. |
| Cochrane Systematic Review | van den Aardweg MTA et al. Adenoidectomy for otitis media in children. Cochrane Reviews 2010, Issue 1. Article No. CD007810. DOI: 10.1002/14651858.CD007810.pub2. This review contains 14 studies involving 2712 participants |
| PEARLS No. 241, April 2010, written by Brian R McAvoy | |
| [References] | ARE FIELD |

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