SUMMARY OF OTOVENT PUBLICATION

Hanner P. *Non Surgical Treatment of Otitis Media with Effusion.* Indian Journal of Otology, Vol 3, No 3 Sept 1997, 101-107.

The aim of the study was to evaluate and compare the effect of the Otovent treatment with the Valsalva manoeuvre after careful instruction.
76 children were consecutively included into the study over a 2 year period. The inclusion criteria was unilateral or bilateral negative middle ear pressure lower than -200mm H_2O for at least 3 months verified by tympanometry and age older than 3 years. The Valsalva group was asked to perform the Valsalva manoeuvre three times a day for four weeks while the Otovent group was instructed to perform the autoinflation three times a day for four weeks. After the treatment period the children were examined and at every visit tympanometry was performed.

Of the 35 children randomized to the Valsalva group, 27 (77%) attended as a minimum three trials. Of the 41 children randomized to the Otovent group, 28 (68%) attended as a minimum three trials. There was no significant difference in the age distribution across both groups.

After four weeks of autoinflation performing the Valsalva manoeuvre, the middle ear pressure had improved in 15 (56%) children, was unchanged in 9 (33%) and had deteriorated in 3 (11%). In the Otovent group the corresponding figures were 19 (68% improved, 6 (21%) unchanged and 3 (11%) had deteriorated. Additional results according to Fiellau-Nikolajsens's modification of Jerger's classification of tympanograms were given.

The results confirmed previous observations regarding the benefit to be gained by autoinflation in patients with Eustachian tube dysfunction and secretory otitis media. Both autoinflation techniques provided good results that were almost equally effective in all age groups however, the Otovent inflation seemed superior to the Valsalva manoeuvre in improving the middle ear pressure and improving the hearing level. No acute middle ear infections or other complications occurred during the four weeks of autoinflation. It was concluded that an autoinflation technique should be the first treatment of choice in children with Eustachian tube dysfunction and secretory otitis media. Since the Valsalva manoeuvre is difficult and time demanding to teach children, autoinflation using the Otovent treatment set is recommended.

Quite a good little study to confirm the benefits associated with autoinflation, a comparison with a patient group that received no treatment would have helped strengthen the finding. The take away point in my opinion is the Otovent method improves upon Valslava in both ease of use and ability to perform the technique, thus maximizing compliance and improving results in children.

Any questions or points of clarification can be directed to the undersigned.

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