

**Part one**

1. (d) and (e). Asif had otitis media with effusion (OME), or glue ear. It is not an infection or allergy, and antibiotics and antihistamines have not been shown to be effective against it. Most cases resolve spontaneously and most parents can be reassured.

**Part two**

2. (a), (b), (c), and (d). All of the first four statements are true of OME. Unfortunately, (e) is not. Some children do develop permanent hearing loss, and it is up to the doctor to try to minimise this risk.

**Part three**

3. (a), (b), and (e). Persistent discharge suggests development of cholesteatoma and worsening hearing loss, particularly if sensorineural, these are red flag signs that need urgent referral to an ENT surgeon for consideration of grommet insertion.

**Part four**

4. (b), (c), (e), and (f). Asif needs to be followed up for at least 3 months to ensure that the hearing difficulties and behaviour problems are resolving. Surgical referral should be reserved for 'red flag' cases and to get necessary support for your assessment – remember how common it is. Referral of every case would overload your ENT clinic.

**Part five**

5. (b), (c), (d), (e), and (f). OME is more common in children with older siblings, not in single children: the reason is unknown. It is linked to all the other factors, except coeliac disease. It appears to be a failure of Eustachian tube function leading to persistently low pressure in the middle ear. That in turn causes inflammation in the mucosa, which produces the excessive fluid described as glue. Antibiotics, anti-inflammatories, and antihistamines have no effect on this process, but its natural history, in most cases, is for it to resolve. Hopefully this is what will happen to Asif.

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