

Can you hear me? (answers on page 41)

Part one

Asif, aged 4 has been brought to your clinic by his mum. She had noticed that he wasn't speaking as clearly as his friends of the same age, and that he didn't seem to be hearing her, or paying the attention that he used to when with her or his father. He had seen another doctor about a month before with an acute right-sided earache that had been treated with penicillin, and the pain had eased when the ear had started to discharge. However, although there was no longer any pain, the speech problem persisted and his behaviour remained odd, in that he didn't seem to be listening to his peers or his parents. He often watched children's programmes on television with his mother but in the last few weeks he had wanted the volume to be turned up. Background noise, in particular, seemed to annoy him. As he was soon to go to school, his mother was worried that he might do badly, and wondered if he might be becoming deaf. You find, talking to him, you have to repeat yourself and to speak more loudly than usual to get a response.

On examination there is no pain on pressure over the ears, and he has no fever. His adenoids are enlarged, and he is mouth-breathing. There is no aural discharge. Both tympanic membranes look dull and grey. The stapes bones are prominent, as if the drum is stuck down around it. There is an air-fluid level easily seen behind the drum. A rough hearing test, using a ticking watch at various distances from his ears, suggests quite severe deafness.

Q1 What are your thoughts on Asif's condition?

- (a) He has had repeated ear infections, for which he needs systemic antibiotics.
- (b) This is an allergic condition that would respond more effectively to oral antihistamines.
- (c) Eardrops containing an antibiotic-steroid combination would be helpful.
- (d) There is no really effective medical treatment for this condition.
- (e) Surgery is helpful in a substantial minority of cases.

Part two

Q2 This condition is apparently more common than is generally thought. Which of the following statements is true of it?

- (a) Around 8 in every 10 children under 10 years old has at least one episode of it.
- (b) Its incidence peaks at around 2 and 5 years old.
- (c) It relapses and remits, bouts of it lasting around 8 weeks.
- (d) Occasionally it leads to the development of cholesteatoma.
- (e) It never leads to lasting deafness and disability.

Part three

Q3 What developments in cases like Asif's would lead you to refer him to an ear, nose and throat (ENT) surgeon?

- (a) Persistent discharge from the ears.
- (b) Hearing loss that suggests a sensorineural, as well as a conductive component.
- (c) Failure of response to antibiotics.
- (d) Failure of response to nasal decongestion sprays and inhalers.
- (e) Parental anxiety about his speech and hearing.

Part four

Q4 How would you follow up Asif's case?

- (a) There is no need: the symptoms will spontaneously resolve and all that is needed is reassurance.
- (b) See Asif at regular intervals for at least 3 months to check his behaviour, speech, and hearing. There is no need for specialist input.
- (c) Use pure tone audiometry 3 months apart to establish his level of hearing and if it is deteriorating.
- (d) Do not undertake follow up yourself: Asif needs to be referred to a surgeon.
- (e) Reserve surgical referral for children with aural discharge and/or excessive and unimproving hearing loss, and to help parents resolve their worries.
- (f) When he goes to school, ensure that the teacher knows about his hearing problem, so that he can sit at the front of the class and be spoken to directly.

Part five

Q5 Which of the following conditions or characteristics predispose children to develop Asif's condition?

- (a) Only children.
- (b) Those with parents who smoke.
- (c) Down's syndrome.
- (d) Bottle feeding.
- (e) Cleft palate
- (f) Cystic fibrosis
- (g) Coeliac disease.