



#### SUMMARY OF OTOVENT PAPER

Ercan, I., Cakir, B.O., Kayaoglu, S., Turgut, S. *Long term effect of autoinflation in the treatment of otitis media with effusion.* KBB Forum 2005;4 (4):166–70.

The aim of the study was to evaluate the long-term effect of autoinflation on reducing the need for insertion of ventilation tubes in chronic otitis media with effusion (COME). Ninety three ears of 60 children diagnosed as COME were randomly divided into 2 groups: Group 1 (autoinflation); treated with autoinflation three times a day for 6 weeks (Otovent®) with nasal saline irrigation, and group 2 (control); treated with only nasal saline irrigation for 6 weeks. Before the COME diagnosis all the patients were medicated with antibiotics (amoxicillin for 3 weeks), antihistamines (in cases with allergy), and nasal saline irrigation.

Both groups were followed up for 9 months to monitor whether insertion of ventilation tubes was required, patient was free of effusion, or recurrence of effusion occurred. During the 9 months follow-up, results showed in the autoinflation group; 20 out of 48 ears (42%) underwent ventilation tube insertion, 22 ears (46 %) were free of effusion, and 6 ears (12%) were lost to follow-up and in control group the results showed; 30 out of 45 ears (67%) underwent insertion of ventilation tubes, 8 ears (17.7 %) were free of effusion, 5 ears (11%) were lost to follow-up, and 2 ears of 1 patient who regretted the insertion of ventilation tube had still COME.

The conclusion made was autoinflation reduced the need for insertion of ventilation tubes not only in the short term but also over a long period of follow up. The children should be followed as long as they are at risk of recurrence.

This is really quite a good study in that it demonstrates the effect of the otovent method over a long period of observation. A sustained criticism of autoinflation includes short term relief for a recurrent problem, but this study indicates a subset (25%) of a patient population otherwise destined for surgical intervention can be spared the risk of surgery and achieve the same outcome.

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

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