



## SUMMARY OF OTOVENT PUBLICATION

Stangerup, S.E., Sederberg-Olsen, J., Balle, V. *Autoinflation as a treatment of Secretary Otitis Media*. Archives of Otolaryngology – Head and Neck Surgery, Vol 118, Feb 1992, 149-152.

The aim of the study was to evaluate the effect of a new method of autoinflation as an alternative treatment for secretory otitis media. One hundred children were consecutively randomized to undergo either autoinflation, using Otovent or placed in a control group. The children between 3-10 years of age were entered into the study: inclusion criteria included unilateral or bilateral secretory otitis media for at least 3 months as verified by tympanometry. The minimum age of three years was set due to difficulties experienced by children under this age to perform the task.

Tympanometry was repeated at 2 weeks and 1,2 and 3 months after study entry. After 2 weeks of autoinflation, the tympanometric conditions were improved in 64% of ears, unchanged in 34% and deteriorated in the remaining 2%. In the control group, tympanometric findings were improved in 15% of ears, unchanged in 71% and deteriorated in the remaining 14%. In the treated group best outcomes were achieved in those who had performed the procedure as prescribed.

Ear types categorized according to tympanogram type provided the following results. C2 tympanogram control group demonstrated 14.3% improvement, 61.9% unchanged and 23.8% deterioration after two weeks. In the autoinflation group tympanometric conditions were improved in 81.8%, unchanged in 13.6% and deteriorated in 4.6%. The difference between the two groups was statistically significant. In the type B tympanogram group, no significant difference in outcome was demonstrated at 2 to 3 months even though an improved state was demonstrated in the treated group 14 days after cessation of autoinflation.

I think this is a great study for sales staff new to Otovent to read and understand. An RCT that demonstrates a significant improvement in the condition observed can be utilized as a great resource to support claimed clinical effects. Important to note the author recommends that once negative pressure has been demonstrated autoinflation should be carried out during the subsequent observation period. Positive results with autoinflation should not negate regular otological review.

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

Document prepared by:

**J.P. CURTIN**

ABIGO Medical AB

Contact:

**Tabish Waseem**

Global Business Unit Manager

ABIGO Medical AB

[tabish.waseem@abigo.se](mailto:tabish.waseem@abigo.se)

+46 7010 888 63