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Perspective

Sleep Disordered Breathing with Otitis Media with Effusion in Children

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DESCRIPTION

A disorder characterized by the presence of effusion and there are no signs of acute infection in the middle ear is called Otitis Media with Effusion (OME); it is also called Secretory Otitis Media (SOM). In this condition, non-infected fluid is presented in the middle ear space. OME is one of the most common disorders in pediatric otolaryngology. There is a 50%-80% chance of having Otitis Media with Effusion (OME) in 4-year children. This can lead to hearing loss, and further, it will disable language and behavioral development in children. Dysfunction of the Eustachian tube, immune factors, bacterial and viral infections, and gastroesophageal reflux are the contributing factors to OME. Prolonged infections in the adenoid lead to tubal edema, the orifice of the Eustachian tube is blocked by the hypertrophic nasopharyngeal adenoid, and functional disorders may dispose children to OME. The adenoid removal can reduce the need for repeated tympanostomy tube placement for OME. While restoring the function of the Eustachian tube, adenoidectomy will decrease the burden of resident bacteria in the adenoid, and it reduces the chance of retrograde seeding of bacteria *via* the eustachian tube in the middle ear.

Obstructive Sleep-disordered Breathing (SDB), which ranges in inflexibility from simple snoring to Obstructive Sleep Apnea Syndrome (OSAS), is breathing problems while sleeping due to an obstruction in the upper airways. Due to this condition, breathing repeatedly stops and starts. OSAS is the most severe form of Sleep-disorder in children and has signs and symptoms including labored/obstructed breathing, snoring, or daytime consequences such as sleepiness and hyperactivity. SDB is expected in the pediatric population, and it was estimated to affect 8%-27% and 1%-5% of the pediatric population by simple snoring and OSAS, respectively. The hypertrophic adenoid tissue, generally along with enlarged palatine tonsils, causes blocking of the upper airway and is a common etiology of SDB or OSAS in children. In clinical practice, removing adenoid and removing tonsil are the standard surgical procedures for OSAS in children with hypertrophy of adenoid and tonsil.

These two Otitis Media with Effusion and Sleep-disordered Breathing are associated with adenoid. So that the removal of adenoid (adenoidectomy) in children with OME can improve the sleep quality and reduces the need for tympanostomy tube placement. The most widely used Quality Of Life (QOL) survey in pediatric Obstructive Sleep Apnea Syndrome (OSAS) and Sleep-disordered Breathing (SDB) is the Obstructive Sleep Apnea-18 (OSA-18) score opinion poll. This opinion poll has 18 symptoms as questions with scores. These symptoms are again divided into groups such as sleep disturbance, physical symptoms, emotional distress, daytime functions, and Caregiver concerns. Generally, this opinion poll is conducted before and after adenoidectomy and tonsillectomy surgeries to evaluate the quality of life of pediatric patients.

A study result states that the post-operative OSA-18 scores were not different between SDB patients after adenoidectomy and tonsillectomy and OME patients after adenoidectomy. The results emphasize not only the importance of evaluating sleep breathing in patients with Otitis Media with Effusion (OME) but also the effectiveness of adenoidectomy in the improvement of sleep in these children. Adjunct adenoidectomy is important in the improvement of sleep symptoms in pediatric patients.

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