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These results conflict with some previous data that suggest there is a benefit to adenotonsillectomy in selected children with otitis media with effusion. The practice has become more common in recent years, particularly among children who are undergoing a second tube placement. Although the Pittsburgh study didn’t look specifically at children undergoing a second M&T, I think the new data suggest that, at least in children below the age of 4 years, there is no benefit. Indeed, I believe we should reevaluate the role in adenoidectomy for all children with otitis media with effusion.

Another study by the Galveston group, this one led by Dr. David P. McCormick, demonstrated that children with bilateral acute otitis media were significantly more likely to have H. influenzae isolated from their middle ear fluid and to have more severe inflammation of the tympanic membrane following treatment than were children with unilateral AOM. That finding, from a secondary data analysis of 366 children, supports those who suggest that the American Academy of Pediatrics AOM treatment guidelines should be modified to address the issue of laterality and who recommend that antimicrobial treatment be considered for children with both ears affected because they are more likely to fail watchful waiting.

Finally, I’d like to call attention to a report that illustrates the problems affecting our colleagues in the developing world—even in 2007. Specifically, there remains significant morbidity associated with untreated recurrent OM in developing countries. Dr. Olubunmi Akimpelu of Obafemi Awolowo University, Ile Ife, Nigeria, provided data from 178 children aged 6 months to 15 years with chronic suppurative OM (CSOM) seen during 2004-2006. The average duration of otorrhea before presentation was 15 months. However, 64% had attempted some form of treatment prior to presenting for medical care, including goat nasal discharge, honey, traditional herbal preparations, and nonsuppression ear drops. One-third of patients had practiced plugging the ear discharge with a cotton bud.

Not surprisingly, Dr. Akimpelu told us, poverty and lack of access to care were significant factors. Two-thirds of the population lived in rural areas, and one-third reported poverty-related problems. The complications seen among these children included disabling hearing loss (7%), subperitoendial mastoid abscess (5%), intracranial suppurations (6%), meningitis (4%), and facial nerve palsy (2%). The complications seen among these children included disabling hearing loss (7%), subperitoendial mastoid abscess (5%), intracranial suppurations (6%), meningitis (4%), and facial nerve palsy (2%).

Dangerous After Lung Transplant

SAN FRANCISCO — Children who contract pulmonary lung infections in the year after receiving a lung transplant are 70% more likely to die than are those without such infections, Dr. Lara A. Danziger-Isakov reported in a poster presentation at the American Transplant Congress. This suggests that clinicians should consider prophylaxis in children judged to be at risk, concluded Dr. Danziger-Isakov, of the Cleveland Clinic, and her colleagues.

The multicenter, retrospective cohort analysis involved 515 patients at 12 centers, all of whom had data collected from the time of transplant until death, retransplantation, or 365 days after transplantation. During that time, 92 (17%) of those children contracted 99 pulmonary fungal infections, and 12 died.

The fungal infections occurred throughout the posttransplant year, with a mean of 78 days and a median of 26 days post transplantation. Children with infections were significantly older than those without (15.2 years versus 12.6 years), and were significantly more likely to have pretransplant colliquation. Candida and Aspergillus species were the most common organisms recovered from the infected children; 23% of the children with Aspergillus and the 7% of the children with Candida died, they said at the meeting by the American Society of Transplant Surgeons and the American Society of Transplantation.

By Robert Finn

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