Developmental Concerns Related to Otitis Media with Effusion

Otitis media with effusion is the most common cause of hearing loss in children. Early identification and intervention is the best way to prevent long-term complications. Audiologists can be valuable partners in monitoring middle ear and hearing status in children with chronic middle ear dysfunction. The following are common in these children:

### Hearing Loss

The majority of children with chronic middle ear fluid, with or without infection, experience some hearing loss—the average is a 24-decibel hearing loss (about the sound of a whisper) in patients with fluid in their ears. For patients with thicker fluid, the loss is closer to 45 decibels (the range of conversational speech), which has a significant impact on their communication abilities and quality of life. Usually, once the condition is treated, normal hearing will return.

An audiologist can monitor the impact of middle ear dysfunction on hearing status to help families and physicians decide if they should consider an ENT referral.

### Speech and Language Delays

Five in six children will experience at least one ear infection in their first three years of life, a time that is crucial for the development of appropriate language and speech skills. Even a few months of conductive hearing loss may result in delayed speech and language development, impacting a child’s academic and social skills. These effects may be more severe in children with other special needs.

### Balance Disturbances

Chronic middle ear fluid can contribute to delays in gross motor development. Parents may report their child is late to crawl or walk or is clumsy when walking.

### WHEN TO MONITOR HEARING STATUS

- Otitis media lasting more than 6 weeks
- Middle ear effusion lasting more than 3 months
- Caregiver/family concern regarding hearing, speech-language, or gross motor development
The audiogram above is from the same patient following bilateral PE tube placement. Hearing has returned to normal. Audiologic monitoring will continue as PE tubes are in place.

Resources

If you have any questions or would like more information, contact our board certified pediatric audiologists at Stephanie.Williams@utdallas.edu or Amanda.Frost@utdallas.edu