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News

The University of Texas Health Science Center at Dallas
5323 Harry Hines Boulevard Dallas, Texas 75235 (214)688-3404

CONTACT: Ann Williams
Office: 214/688-6043
Home: 214/375-6043

**Fluid in the ears may cause psychosocial problems in children.

DALLAS--The first few years of life are crucial to a child's learning. But many children may be missing out on what is going on around them at this time, says Dr. William Meyerhoff, chairman of Otorhinolaryngology at The University of Texas Health Science Center at Dallas.

Fluid in the ears of these children causes a loss of hearing that affects their personality, behavior and educational growth in ways that are just beginning to be recognized. And many of these children lack the familiar symptoms of ear infection -- fever, crying, holding the ears.

Meyerhoff is a strong believer in the use of tympanostomy tubes (tubes through the ear drum) as a temporary measure to relieve children with chronic ear infection. This almost always reverses hearing loss, he says.

Children who have been treated surgically with the tubes often show beneficial personality changes as a result. "One little boy used to sit in the corner and play by himself. When his mother brought him back for a checkup, she reported that he was now 'into everything,'" says Meyerhoff. "Of course, he didn't want to interact with his environment before. He didn't feel a part of everything around him."

Fluid in the ear feels a lot like having the ears stop up on an airplane or in the mountains -- only about 10 times worse. While the fluid is present, there is hearing loss, but there is also an echoing of sound so that all the sounds one hears are mixed up. Adults with fluid behind the ear drum know that something is wrong and seek immediate action. But a child who has had the condition for a long time may not know how it feels to have normal hearing. And if there is no pain or fever, the condition may be missed.

Seventy-five percent of children at age six have experienced hearing loss because of fluid in the ear. Some of the hearing loss is transient. It's a "mechanical thing." When the fluid is present, the child has hearing loss. Usually when the fluid is removed, the child's hearing returns. "The big question is 'How long does the fluid have to be present behind the ear drum before the hearing loss is irreversible?'" says the ear, nose and throat specialist.

Often hearing loss is picked up on a routine visit to the doctor or in a school screening program. But parents should suspect hearing loss if there is delayed speech development or abnormal social behavior, if the child frequently turns up the TV or radio volume or if the child is not doing well in school. One child may avoid activities and people, thus avoiding unpleasant reverberation in the ears. Another child might be mistakenly labelled "hyperactive" due to behavior resulting from the frustration of not being able to hear.

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fluid in ears -- add one

If a child has behavior or school problems, Meyerhoff urges parents to have the child's doctor check for hearing loss. Thirty-five percent of the children who have fluid behind the ear drum have not had symptoms of ear infection. They may have a "smoldering" infection, he says.

When a child is found to have fluid in the ears, Meyerhoff advocates the insertion of tympanostomy tubes on an outpatient basis. The tubes immediately relieve the pressure and almost always reverse the hearing loss. The disadvantages are the cost -- \$450-750 nationwide -- and the possibility of infection associated with the tubes.

Other physicians may advocate waiting. But Meyerhoff points out that in the life of a 16-month-old, four months represents 25 percent of the child's life span during the greatest period of learning. The child may make up for the hearing loss during that time, "but we don't know."

Meyerhoff worked with a pediatrician in another state who did not believe in the insertion of tympanostomy tubes unless a child's ear infections persisted for two years. "One time that pediatrician was on a plane, and his ears stopped up and didn't open up. He called me at home on Sunday night and said, 'You've got to do something!' I said, 'Let's just wait a couple of years and see if they clear up.'"

Medications such as antihistamines and decongestants probably don't help clear the ears, but antibiotics work in certain cases.

Another possibility is to outfit the child with a hearing aid, but it would be much better to reverse the hearing loss before it becomes irreversible, says Meyerhoff.

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