

Comparison of Adenoidectomy and Myringotomy with and without Tube Placement in the Short Term Hearing Status of Children with Otitis Media with Effusion: A Preliminary Report

Dear Editor,

I read with enthusiasm the article entitled "Comparison of Adenoidectomy and Myringotomy with and without Tube Placement in the Short Term Hearing Status of Children with Otitis Media with Effusion" by Drs. Shishegar and Hoghoghi, which was published in IJMS 2007; 32:168-171. I think there are grave misconceptions and doubtful materials in the article. I also disagree with some of their claims.

1. In the Introduction section, the authors emphasize that adenoidectomy accompanying myringotomy with evacuation of middle ear effusion is preferred to tympanostomy tube insertion to avoid several complications. What is the citation for this statement?

2. In the Subjects and Methods section, the authors have stated that "A number of children with bilateral chronic middle ears effusion unresponsive to medical therapy, were assigned randomly". How many subjects were enrolled into the study at first and what was the method of randomization?

3. The authors affirm that "This study was done on 30 children" and that "The air bone conduction threshold was also measured in all except in three patients who were not cooperate in this examination". Therefore the total number of the study's population should be 27 children. However, in Tables 1 and 3, the total number of the study's population shown to be 30. What is the meaning of this discrepancy?

4. According to the table 2, seven children (33%) had normal size adenoid. Therefore, adenoidectomy should not be the first line treatment in these children. When a child becomes a candidate for surgery in otitis media with effusion or recurrent acute otitis media, tympanostomy tube is the preferred initial procedure and adenoidectomy should not preformed unless a distinct indication exists.¹

5. The authors emphasize using speech reception threshold (SRT) as a method for detection of conductive hearing loss. I think this is a misconception in an otologist's realm. SRT is a worthless method for clinical judgment of conductive hearing loss.

6. In the Conclusion section, it is hardly surprising that the authors jumped to a wrong conclusion based on a faulty analysis in stating that "Considering several complications of tympanostomy tubes placement, it is less recommended than myringotomy alone however, tympanostomy tubes placement can be reserved just for recurrent effusions".

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Submitted: 11 March 2008

Accepted: 29 September 2008

References

- 1 Rosenfeld RM, Culpepper L, Yawn B, Mahoney MC. Otitis media with effusion clinical practice guideline. *American Family Physician* 2004; 69: 2776-8.