

Complications of tube insertion in ears not worse for kids with cleft lip/palate

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Children with cleft lip and/or palate (CLP) have no worse complications from ventilation tube (VT) insertion in their ears to treat otitis media with effusion (OME, a buildup of fluid in the ear) or acute otitis media (AOM, a common ear infection), two conditions which can result in hearing loss.

CLP is a common birth defect in [children](#), occurring in 1 of 700 births. Optimizing hearing in children with CLP is important to avoid problems with speech development in a group already at increased risk of delays. This could involve VT insertion because OME and AOM are common reasons for hearing loss in children. The prevalence of both OME and AOM in children with CLP is 90 percent to 100 percent. Otorrhea (ear drainage) is the most common complication of VT insertion and studies have suggested otorrhea rates are higher in children with CLP than without.

The authors analyzed complication rates of VT insertion in patients with and without CLP matched for age and sex. The study included 60 children with CLP who underwent VT insertion between May 2002 and October 2012. Their average age was 3.5 years. They were matched with a group of children without CLP (the [control group](#)) selected from a database of 2,943 VT insertions.

Total [complications](#) for patients with CLP were 146, with an average of 2.4 complications per patient. The control group had 194 complications, with an average of 3.2 complications per patient. The control group had

151 documented cases of otorrhea compared with 121 in the CLP group. There were no significant differences in clinic visits per patients.

"Our findings, therefore, are the best evidence available to measure the effect of CLP on complication rates. Ultimately, this study has shown that complications are not higher within the CLP treatment group, and therefore patients with CLP should be treated for AOM and OME in the same way as non-CLP patients. Indeed, there could be an argument for a shift in practice toward more aggressive treatment in the CLP group that is already vulnerable to speech and social developmental delay," Ian Smillie, M.R.C.S. Ed., of the Royal Hospital for Sick Children, Glasgow, Scotland, and colleagues wrote in their research article.

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