



Glue Ear is a condition in which fluid accumulates in the middle ear behind the eardrum. It is the most common cause of partial deafness in children and it is estimated that one in four children are affected at some stage in their childhood. It is more common in boys with most being affected between the ages of two and five. However there are chances it may occur at a later stage, including in adulthood.

Glue Ear mainly occurs in both ears and may be difficult to detect, since it is not painful doesn't cause symptoms of an ear infection. Mostly it is due to a problem with the Eustachian tube that connects the middle ears to the back of the nose and throat.

The Eustachian tube normally plays an important role in maintaining equal air pressure between the outside and inside of the middle ear. When the tube becomes obstructed the air in the middle ear becomes absorbed, and the resulting vacuum draws fluid into the middle ear cavity from lining of the ear (the mucosa).

Initially the fluid is thin and watery but eventually it becomes thick and tenacious, hence, the name "Glue Ear". Because the middle ear is now filled with fluid rather than air, the hearing is muffled. Obstruction of the tube may be due to repeated bacterial and viral upper respiratory track infections, enlarged adenoids or nasal allergy.

It is important to note that in children the Eustachian tube is more horizontal and smaller than in adults and this is one of the reasons why Glue Ear is relatively common in children.

Children are especially prone to Glue Ear because:

- Of frequent colds and sore throats
- In children, the adenoids (lymph tissues at the back of the nose that help protect against infection) are more likely to be enlarged, blocking the opening of the Eustachian tubes.

SOME RESEARCHERS also believe children are at higher risk if exposed to cooler climates or a smoky environment. Children with genetic conditions such as Down's Syndrome may have smaller Eustachian tubes and are more susceptible to Glue Ear.

### **Symptoms of Glue Ears.**

Glue Ear in children can sometimes go unnoticed. However, there are few warning signs, such as

- Temporary hearing loss: This is the most common symptom.
- A stuffy feeling in the ears.

Glue Ear does not cause pain the way middle ear infections (otitis media) can. Children with Glue Ear sometimes have repeated episodes of earache or middle ear infections.

Changes in behaviors include tiredness and frustration, not responding when called, falling behind at school, preference to staying in isolation.

### **Diagnosing Glue Ear.**

If your child is showing the following symptoms and you are unclear about their condition, it is advisable to check with your nearest ENT specialist.

Often doctors rely on one or several of the following tests to make the diagnosis. They're Otoscopy, Audiometry and Tympanometry tests.

### **Treatment of Glue Ear.**

Glue Ear does not always need treatment. Most physician prefer a conservative, or "wait and see", approach to treat the problem. There is some debate about how effective medical treatments are and the mainstay of treating children with Glue Ear is with ventilation tubes (grommets)

The decision to operate and insert a grommet in the eardrum is dependent on many factors such as the patient's age, whether there are recurrent middle ear infections, pain speech, delay learning or behavioral difficulties.

It can also depend on the appearance of the eardrum. (For instance whether there is a retraction pocket, which is a localized area of scarring that may lead to problems).

Young children with poor language development, pain or recurrent ear infection should have grommets inserted as soon as possible. Older children with fewer symptoms can be treated conservatively with regular follow-up visits in the outpatient clinic to monitor their hearing and the appearance of the ear drum.

The main objective of grommet insertion is to get rid of the fluid in the middle ear by allowing air to enter through the grommet, so temporarily by passing the problem. Normal hearing is restored once this objective is accomplished.

Grommets are available in many different shapes and sizes. On average, a grommet will stay in place between six to 12 months and will then fall out as the healing eardrum pushes it out into the ear canal. If the child redevelops Glue Ear it may be necessary to re-insert another grommet. The operation to insert a grommet usually performed as day-case surgery under general anesthesia and it is the most common ear nose throat.

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