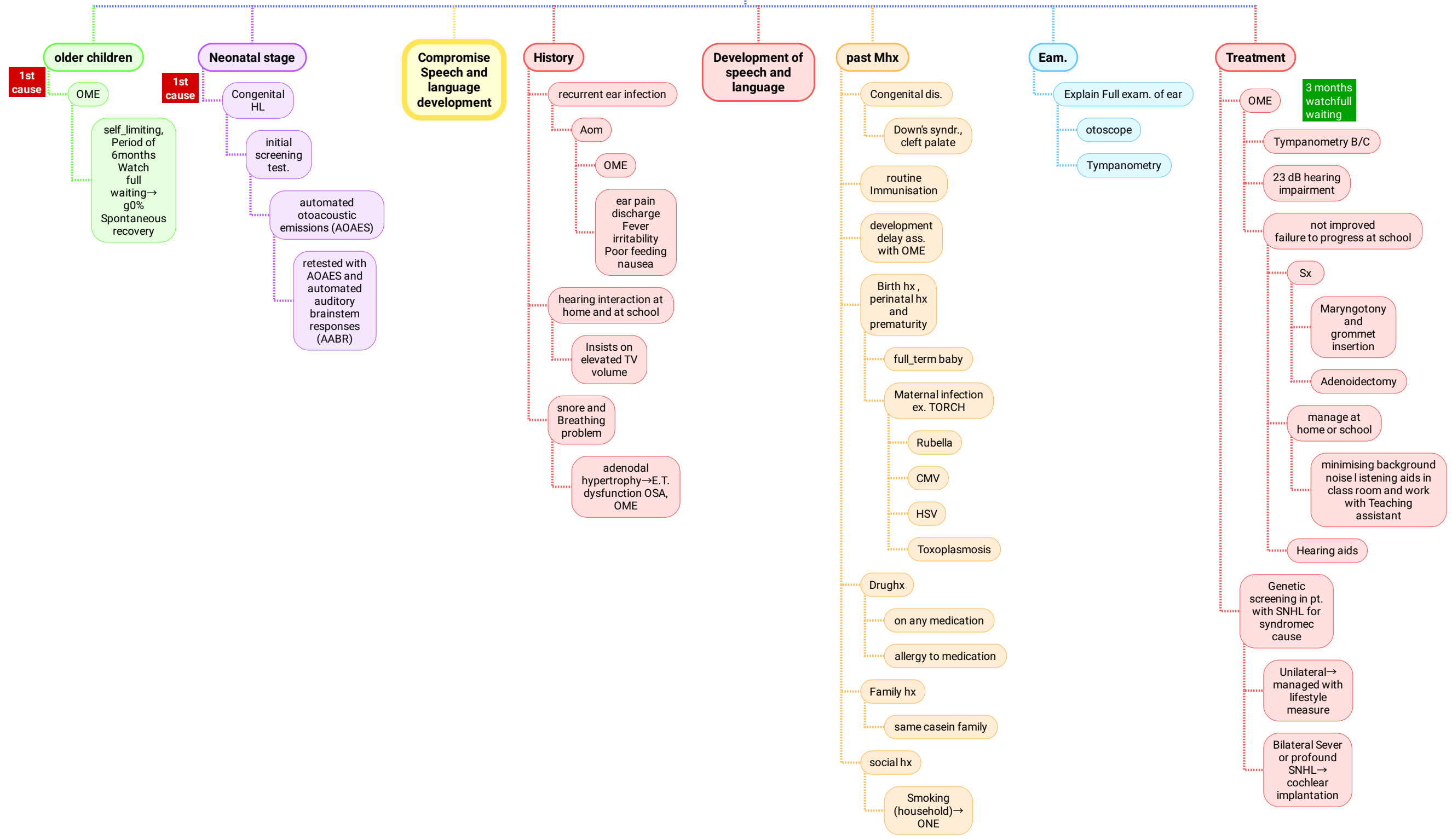


Hearing loss in child



older children

1st cause

OME

self_limiting, Period of 6months Watch full waiting -> 90% Spontaneous recovery

Neonatal stage

1st cause

Congenital HL

initial screening test.

automated otoacoustic emissions (AOAES)

retested with AOAES and automated auditory brainstem responses (AABR)

Compromise Speech and language development

History

recurrent ear infection

Aom

OME

ear pain discharge
Fever
irritability
Poor feeding
nausea

hearing interaction at home and at school

Insists on elevated TV volume

snore and Breathing problem

adenoidal hypertrophy -> E.T. dysfunction OSA, OME

Development of speech and language

past Mhx

Congenital dis.

Down's syndr., cleft palate

routine Immunisation

development delay ass. with OME

Birth hx, perinatal hx and prematurity

full_term baby

Maternal infection ex. TORCH

Rubella

CMV

HSV

Toxoplasmosis

Drug hx

on any medication

allergy to medication

Family hx

same casein family

social hx

Smoking (household) -> ONE

Eam.

Explain Full exam. of ear

otoscope

Tympanometry

Treatment

OME

3 months watchfull waiting

Tympanometry B/C

23 dB hearing impairment

not improved failure to progress at school

Sx

Maryngotomy and grommet insertion

Adenoidectomy

manage at home or school

minimising background noise | listening aids in class room and work with Teaching assistant

Hearing aids

Genetic screening in pt. with SNHL for syndromec cause

Unilateral -> managed with lifestyle measure

Bilateral Sever or profound SNHL -> cochlear implantation