

Age, tympanogram may ID when to skip abx for acute otitis media

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(HealthDay)—For young children with acute otitis media (AOM), older

age and peaked tympanogram at entry are associated with reduced risk of treatment failure, according to research published online Aug. 8 in *Pediatrics*.

Paula A. Tähtinen, M.D., Ph.D., from the Turku University Hospital in Finland, and colleagues conducted a secondary analysis of a randomized trial. A total of 319 children aged 6 to 35 months with AOM were randomized to receive seven days of amoxicillin-clavulanate or placebo.

The researchers found that 31.7 percent of all children had treatment failure. The risk for treatment failure was reduced for [older age](#) (24 to 35 months) and with peaked tympanogram at entry (hazard ratios, 0.53 and 0.43, respectively). Children with severe bulging of the tympanic membrane had the highest rate difference for [treatment failure](#) between antimicrobial treatment and placebo groups (11.1 versus 64.1 percent; rate difference, -53.0 percent), resulting in a number needed to treat of 1.9.

"Children with severe bulging of the [tympanic membrane](#) seem to benefit most from antimicrobial treatment of AOM," the authors write. "On the other hand, children with peaked tympanogram (A and C curves) may be optimal candidates for initial observation."

More information: [Abstract/Full Text \(subscription or payment may be required\)](#)

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