Introduction
Achondroplasia is a rare genetic disorder characterised by midface hypoplasia and skull base deformities due to abnormal ossification. These characteristics predispose to sleep disordered breathing (obstructive and central) and otological complications including: persistent otitis media with effusion (OME) and a dehiscent jugular bulb.

Aim
To review the otolaryngological findings, treatments and outcomes in achondroplastic children.

Methods
Retrospective case note analysis of 70 children managed at the achondroplasia specialist clinic at the Evelina Children’s Hospital from 2000 to 2017.

Results
OME associated with conductive hearing loss was reported in 30 (40%) patients of which 20 patients had grommet insertion (mean age 3.5). In one patient following myringotomy brisk bleeding occurred due to dehiscent jugular bulb in the middle ear (figure 2). All patients had normal hearing test at 3 months follow up. Obstructive sleep apnoea (OSA) was identified in 69 patients (92%) that underwent polysomnography. 20 patients underwent adenotonsillectomy (mean age 3.5 years old). A significant improvement in OSA symptoms post surgery was noted in subsequent sleep studies (polysomnography). Two patient required non-invasive ventilation to improve symptoms resulting from central apnoeic events.

Conclusions
Patients with OME had an improvement of hearing after grommet insertion. However, discussion with parents needs to be undertaken with regards to risk of surgery due to anatomical variations of the temporal bone. Management of obstructive sleep apnoea with adenotonsillectomy has shown improvement in respiratory indices.