The use of long term prophylactic Azithromycin for recurrent Acute Otitis Media- a three year tertiary paediatric centre experience

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• Cochrane evidence for grommet insertion versus prophylactic antibiotics for recurrent acute otitis media (AOM) is equivocal.

• Our study shows that 80% of children presenting with recurrent AOM were successfully treated with Azithromycin and did not require grommet surgery.

Objectives
Treatment practice for AOM amongst ENT surgeons varies greatly, and there are no formal UK guidelines for the management of this common phenomenon. We set out to examine our practice for children treated for recurrent AOM with Azithromycin.

Methods
A three year retrospective audit was conducted of all Azithromycin prescriptions by the ENT department at The Evelina Children's Hospital between January 2015 and December 2017. Information was obtained on age, sex, frequency of AOM episodes, previous treatment, length and number of follow-ups and success of prophylactic azithromycin vs need for grommet surgery.

Results
A total of 262 azithromycin prescriptions were made, of which 58 were for recurrent AOM. Of these 58, 28 cases were included for analysis. The average age of presentation was 2.7 years (range 9 months to 14 years). Average length of azithromycin prescription was 7.5 weeks (usually three days a week, alternate weeks). Average follow up length was 9.5 months. 6/28 children went on to require grommets.

This well tolerated medication can be a treatment choice in children with recurrent AOM for whom surgical intervention with grommets is not an ideal first line treatment choice.