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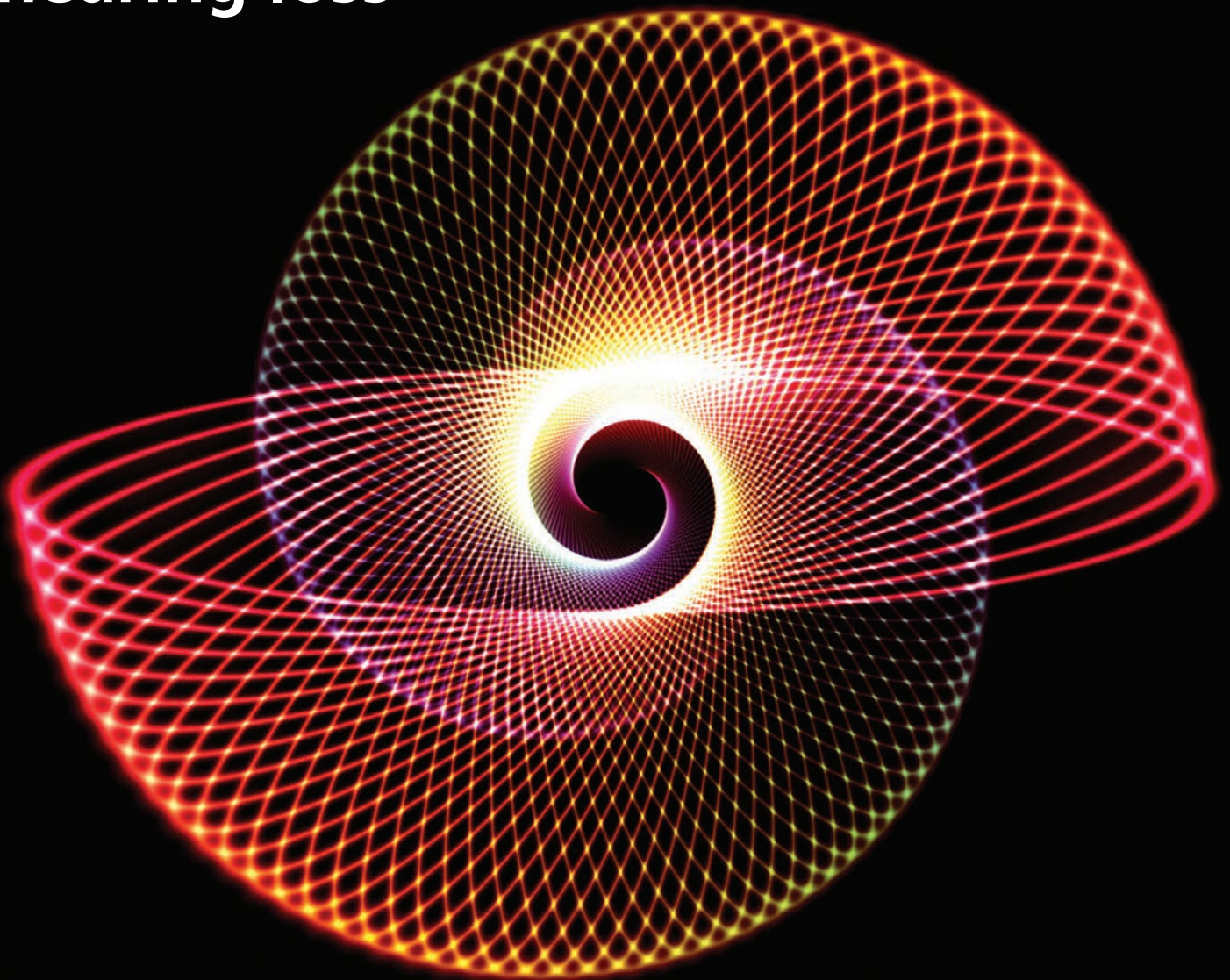
FEB2018

# OTITIS MEDIA

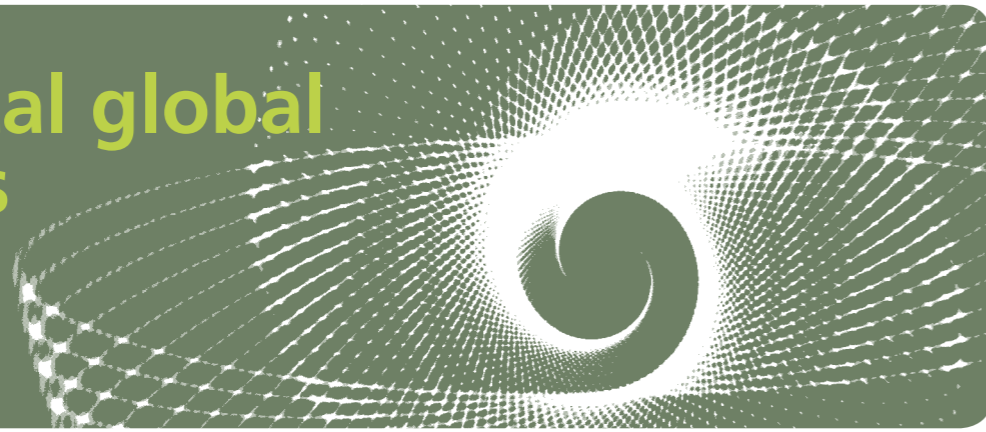
*Newsletter*

# 8

**Asymmetrical global  
hearing loss**



# Asymmetrical global hearing loss



Between 4-8th June 2017, ISOM held its fantastic 19th symposium in Gold Coast hosted by our wonderful Australian colleagues. It was as ever, an educational and enjoyable meeting with a chance to learn and meet friends both old and new. The otitis media community has always been incredibly active in attempting to work in resource poor settings with a great number of thoughtful long-term collaborations and healthcare projects ongoing to this end and the meeting reflected some of this great work.

Approximately two weeks after the meeting, on 21st June, the United Nations published their latest revision of World Population Prospects. As ever, the predictions made for interesting reading and three in particular stood out:

- i) **From 2017 to 2050, it is expected that half of the world's population growth will be concentrated in just nine countries: India, Nigeria, the Democratic Republic of the Congo, Pakistan, Ethiopia, the United Republic of Tanzania, the United States of America, Uganda and Indonesia (ordered by expected contribution to total growth)**
- ii) **The combined population of the [...47 Least Developed Countries...] LDCs, roughly one billion in 2017, is projected to increase by 33 % between 2017 and 2030**
- iii) **There continue to be large movements of migrants between regions, often from low- and middle-income countries toward high-income countries**

These population changes will pose significant global health challenges and, unless addressed proactively, exacerbate the already present inequalities in global provision of ear care and the asymmetrical nature of hearing loss on a population level.

As a valuable insight into examples of the work being done to better the global burden of ear disease, in this edition of the ISOM Newsletter, we have some thought provoking articles to help guide future discussions on global ear health. Ian Traise writes about his wonderful work with the urban poor of Manila in the Philippines and Misha Verkerk details the efforts of Global ENT Outreach (GEO) in Ethiopia. Both emphasise the importance of local training and sustainable models of healthcare provision. I am also very grateful to Robyn Coggins, patient advocate, for taking the time to describe her insightful and encouraging thoughts on the recent ISOM symposium.

There is of course much more ear related clinical, research and advocacy work that is ongoing that we have not been able to cover in this short newsletter. However, all this activity is a reason to be optimistic about the future of global ear health. I hope that this edition helps convey our society's support for those already involved in such work, and encourages those looking for ways to help to seek out such opportunities and share their expertise and skills. Many thanks to all the contributors to this edition and particular thanks to outgoing editor Mood Bhutta, and our graphic designer Anki for all her hard work in putting this together.



**Deepak Chandrasekharan**  
ISOM Newsletter Editor  
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# President's report

The International Society for Otitis Media (ISOM) starts another year moving forward off of a wonderful meeting in Australia. ISOM has truly transitioned from an idea to a full-fledged academic organization supporting those interested in the field of otitis media (OM). The organization has now transitioned through the first 2 Presidents, Drs. Rosenfeld and Sih and I am extremely honored to serve the Society as its 3rd President through June of 2019. I am grateful for their service and leadership in the early days of the organization. My goals for the Society for this upcoming year will include many preparations for the next International Symposium from June 9-13, 2019 in Hollywood, California. Although almost 2 years away - many preparations are already beginning to ensure an amazing meeting and I am delighted to be working with Dr. Bakaletz as Co-Chair of the Symposium and Dr. Mason as the Program Chair. It is not too early to make sure your calendars are cleared for this meeting to allow your attendance. One of the most innovative aspects of this meeting in 2019 will be that the "Research Symposium" which always followed after the Program will be fully embedded into the 2019 Program so that all members and all attendees can not only benefit but also participate in this process.

Please see our website at:  
<http://www.otitismediasociety.org/2019-symposium.html>

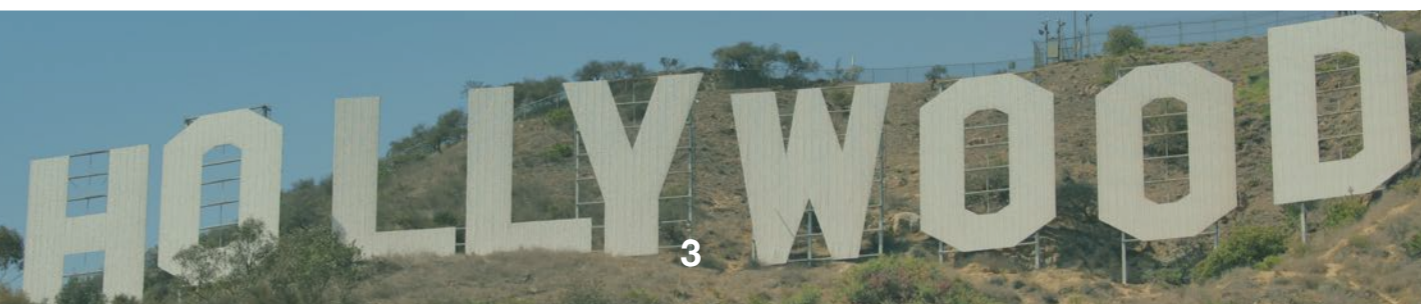
This is sure to add a robustness to our meeting and discussions that are needed to help move our field forward. I will finish my Presidential address to you in this Newsletter with a theme that will populate all of my messages to you which is; if you care about OM get involved! Ask what you can do to be part of a Committee or to add to the Program.

Submit your best scientific work to our meetings and make sure that you not only attend but that you invite your research and clinical colleagues to attend. Get them to reserve a space on their calendar now! And by all means please keep paying your dues in a timely fashion. The Society has a very small budget and most of the things we accomplish together are the result of volunteer time and effort. But we do need to keep a small amount of money coming into the Society through your dues to help foster innovation for our Program, support for our website, development of travel grants and awards for younger individuals interested in OM - individuals who represent the future of cures for this prevalent and expensive disease. I look forward to serving you over the next 2 years and don't hesitate to contact me at [jkerschner@mcw.edu](mailto:jkerschner@mcw.edu) if there is anything I can do for you.

Warmest regards,



**Joseph E. Kerschner, MD**  
ISOM President  
Dean, Provost and Executive  
Vice President  
Professor of Otolaryngology,  
Microbiology and Immunology  
Medical College of Wisconsin  
[jkerschner@mcw.edu](mailto:jkerschner@mcw.edu)



## A word from the Secretary

I am honoured to begin my role as secretary of the society, and to serve alongside our president Joe Kerschner. I know Joe will be a great ally, both for myself and for all of us. His leadership as the previous secretary is certainly a tough act to follow!

Deepak has in turn taken over my previous role as editor of the newsletter, and having known Deepak for a number of years, I know he is a great choice.

We are a relatively young society, and I can assure you that our board is always looking for suggestions on how we can involve and engage with a broader range of both current members and potential members. We value the dynamism and enthusiasm of our younger members, as well as the experience and wisdom of our older members.

We want the society to be global in its outlook and opinions, including greater engagement with colleagues in low and middle-income countries. The reasons for this are evident in this newsletter, which recognises the huge burden of otitis media in less socioeconomically advantaged locales.

As always, I am happy to be contacted with suggestions and ideas, and look forward to serving you, and seeing our society grow.



**Mahmood Bhutta**  
Secretary, ISOM  
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## A word from the Treasurer



**Margaretha Casselbrant**  
Treasurer, ISOM  
University of Pittsburgh  
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Dear ISOM Members

I am sure that all of you who participated in the 19th International Meeting in Recent Advances in Otitis Media in Gold Coast, Australia in June 2017 agree that it was an outstanding meeting. Dr Allan Cripps and his group had done a fantastic job. It was my first trip to Australia and I truly enjoyed it. Now we are looking forward to the 20th ISOM meeting Los Angeles, CA in June 2019. Time just flies!!!

The present Newsletter is focusing on Global health issues. You may have noticed that Dr Deepak Chandrasekharan has replaced Dr Mahmood Bhutta as the editor. Luckily, Anki Wessling is staying on as the graphic designer.

The Society is doing well. The membership number has been stable over the past few years. However, I do urge all of you to encourage your students,

trainees and colleagues to become ISOM members. As you know, one of the benefits of being an ISOM member is the discounted symposium fee, but more important is the privilege of being part of the development of a young society. We need all members to be involved. Please do not hesitate to contact us if you want to become actively involved in the development of this Society.

I just want to inform you that you should have received a reminder in January regarding the membership dues for 2018.

Information regarding how to join as a member can be found on the website [www.otitismediasociety.org](http://www.otitismediasociety.org).

## My Experience at ISOM

I didn't quite expect a medical conference to open with folk wisdom. The 2017 ISOM Conference held in Gold Coast, Australia, last June, however, put a premium on the notion that everyone, indigenous or not, brings skill and knowledge to fighting ear diseases around the globe. In her welcome to the conference, Gold Coast native and organizer Emerald Brewer noted that the event would "combine traditional and modern medicine" throughout.

Indeed, the conference commenced after a booming didgeridoo performance and then a short documentary video called "Catching Dragonflies." Narration in an indigenous language in the video explained aboriginal hearing tests in which a grandmother holds a fluttering dragonfly close to a baby's ear. If the child doesn't react to the gentle buzzing noise, the grandmother suspects hearing problems.

Somewhere between 40 to 85 percent of Australia's aboriginal population has chronic otitis media – a third world statistic for a first world country, the video noted – which makes access to care especially important on the continent.

But ISOM wasn't all videos and performances. There were also more typical presentations of research from throughout the world – studies of children in low-income households in Boston, population studies in Greenland, evaluations of the paternalistic way doctors historically treated aboriginal patients.

I attended the conference as a representative of the Society for Middle Ear Disease (SMED), a group founded by noted Pittsburgh physician and teacher Dr. Charles Bluestone. SMED aims to increase awareness of the burden of ear disease and to connect and train healthcare workers around the world to better care for common ear conditions.

I'm not a doctor though; I'm a patient advocate. Born deaf in one ear and saddled with my share of infections as a child, I've worked with SMED and other groups to help keep the patient perspective top of mind for physicians. As a writer and editor focused on science writing, I like to think I can help bridge the gap between the two groups.

What I found most valuable at ISOM, aside from meeting eminent researchers from around the world, was the incredible breadth of expertise and knowledge showcased:

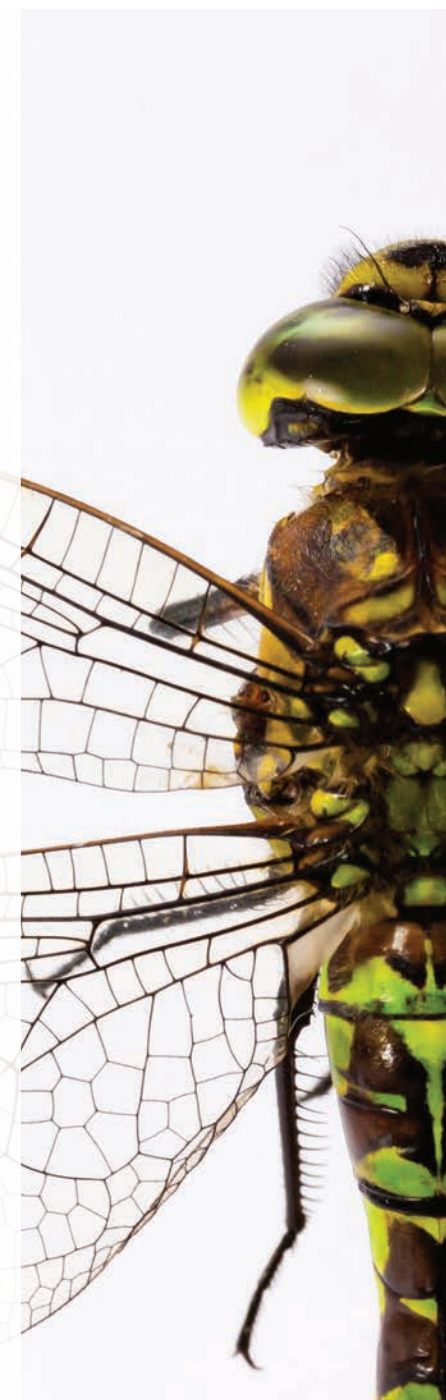
Dr. Richard Rosenfeld's call for attendees to trust but be skeptical of the research presented was a refreshing reminder of the limits of early research. A plenary session covering complementary medicines used by parents of children with otitis media was fascinating – while the presenters acknowledged that the methods shouldn't be encouraged, they acknowledged the reality that people will use them anyway, and therefore practitioners need to know about the evidence (or lack thereof) behind them.

As part of the session, Dr. Anders Cervin's presentation about the holobiont – a cutting edge study of the genomes of both a host and all the microbes in its body – struck me as particularly forward thinking. Why bank solely on the hope for novel antibiotics to combat increasingly virulent infections when we may be able to quickly adjust the microbiome to stimulate the immune system?

Overall, I left the conference with an increased appreciation for the dedication of healthcare workers in the fight against ear diseases, and buoyed by the smart and creative thinking of those practitioners. There is such a vast store of knowledge, from both traditional and western experts in this field, and we will all be healthier for it. I appreciated the welcoming atmosphere and bright ideas.



**Robyn K. Coggins**  
Senior Editor, Pittwire



# CSOM: Can telemedicine combined with task substitution work?

In mid 2016, having observed a high prevalence of childhood CSOM in the urban poor of Manila, Philippines, a weekly ear clinic was established in the community of Payatas, a slum area adjacent to a large municipal garbage dump.

The clinic has been conducted by a local assistant who I have trained in the diagnosis and management of the prevalent ear conditions, and who is able to send otoscopic images and the medical records to me in Australia for review. I have been able visit every 3 months to continue with training and collaboration, and review of our systems.

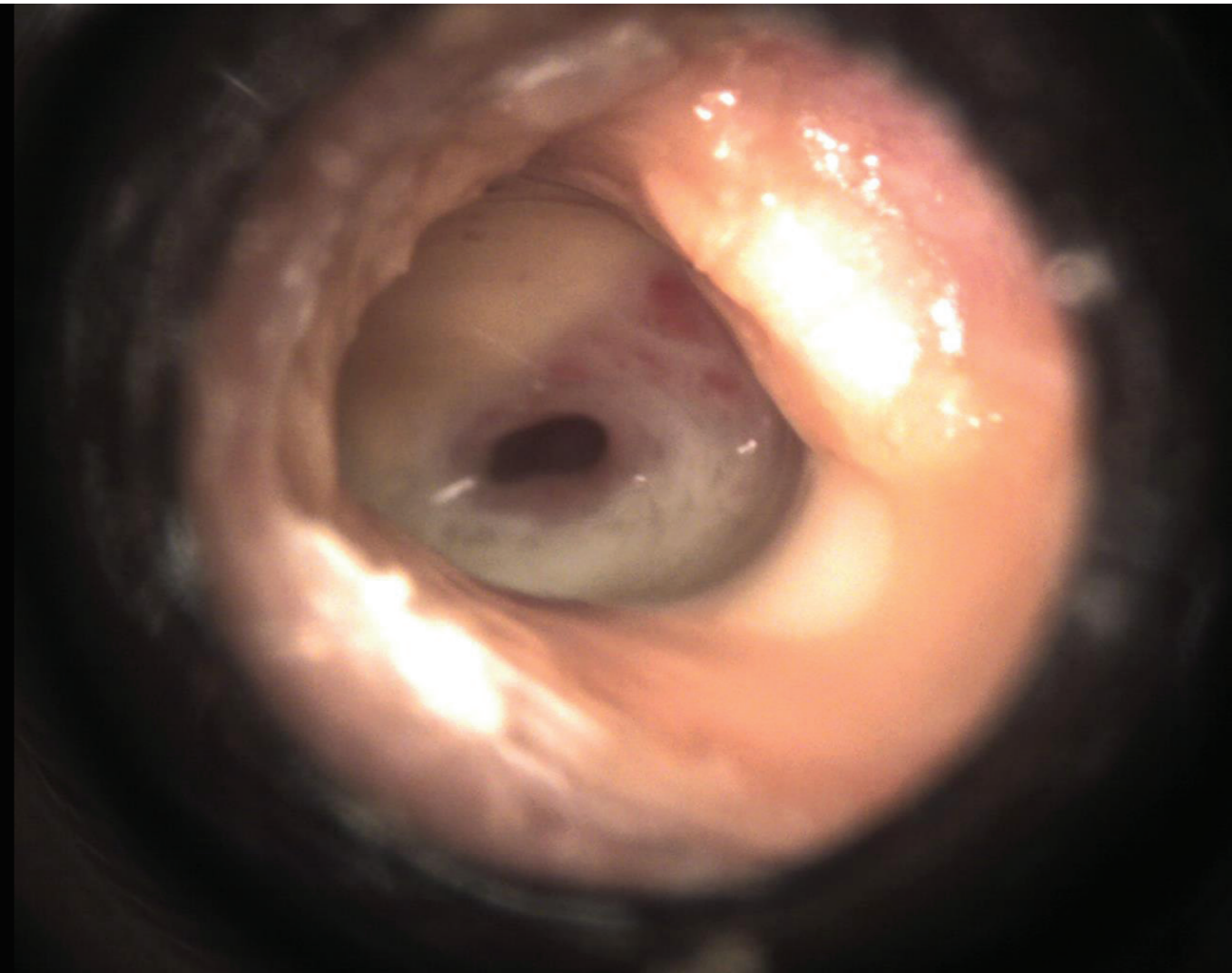
Since commencing in mid 2016, over 70 children having been managed in the ear clinic, 20 of whom have CSOM. During this time, there have been 220 clinical encounters, generating 400 images. A Welch Allyn videoscope, connected to a small laptop, enables images to be readily displayed and stored. These images can then be uploaded simply via a file sharing service for review. Additionally, a paper based medical record system is used, which is photographed and transmitted digitally. Clinical discussion is via (de identified) text messaging.

As a weekly, walk-in, community based service conducted by local people, this Ear Clinic enables ready access for necessary ear care. It also

enables ear health education for carers/family members, and for an increased awareness of ear disease in the community. The Ear Clinic is enhanced by being connected with some existing community services - e.g. a feeding program, early childhood activities, social work support etc.

This telemedicine Ear Clinic has been able to:

- **identify chronic suppurative perforations and treat with ear toilet/topical antiseptics/topical antibiotics - the goal being to produce a dry safe perforation.**
- **monitor dry perforations, hopefully to the point of spontaneous healing. Recurrence of suppuration is not infrequent, and monitoring allows treatment to be recommenced without delay. ENT referrals can be made for possible surgery for non-healing drums**
- **identify and treat acute perforations, usually with oral antibiotics and ear toilet. Regular follow up identifies the non-responders, who can then be treated along the CSOM pathway**
- **prevent initial tympanic rupture by diagnosis and treatment of acute otitis media, using available and inexpensive oral antibiotics**



- **identify and monitor those with otitis media with effusion, using tympanometry.**
- **refer for specialist review those cases of CSOM that are not responding to treatment, or where there is suspicion of cholesteatoma or other sequelae of CSOM.**

It is understandable that CSOM is often put in the "too hard" basket. The risk factors for this disease are essentially those of poverty- not something easily solved! And in this context, CSOM has to compete with many other serious diseases, where under-resourced primary care services are frequently inadequate. Specialist services are usually hospital based, often a long way from home, and cost money and time. As CSOM requires lots of follow-up, this poses real problems.

Yet much can be done in the middle ground, where at various stages of the disease process, there is potential to provide simple, cost effective

treatment by trained non-professional personal, utilising telemedicine, with off-site medical support.

This pilot project has shown that this model of ear care is possible and sustainable.



**Ian Traise**  
BMed FRACGP  
General Practitioner  
Alstonville Medical Centre  
NSW Australia

# Global ENT Outreach



## What do we do?

Founded in 2000, Global ENT Outreach (GEO) is a non-profit organization that aims to prevent avoidable deafness and death from ear disease through hands-on training of doctors, developing programs in public health, advocating initiatives, developing partnerships with local healthcare organizations and performing ear surgery. We have provided care in over 25 countries, and performed in excess of

3000 ear surgeries, free of charge to patients. As well as providing care, our ultimate goal is to create sustainable models of ear care for future generations by training healthcare workers in audiology and ear surgery. We have developed temporal bone labs for training ear surgery in Paraguay, Cambodia, Cuba, Peru, and soon to be Ethiopia.



## Mekelle, Ethiopia

Our newest mission is based at the Ayder Referral Hospital, Mekelle, Ethiopia. In this region, otosclerosis and chronic otitis media are common and socially isolating; children and adults with deafness and foul-smelling discharge from chronic ear disease are at risk of becoming social outcasts. Of Ethiopia's 104 million inhabitants, almost 80% live in rural communities, but most of the country's 23 ENT specialists live in the capital, Addis Ababa. GEO has established a regular mission to the ENT Department in Mekelle, providing surgical and medical care and training residents in audiology and the diagnosis and management of ear disease.

The challenges of humanitarian otology are unique: most surgery is performed under local anaesthesia and sedation; audiology provision is often poor; there is a limited supply of running water and frequent power cuts. Short surgical missions can only provide limited long-term benefit to a developing ENT unit; we recently have established a fellowship programme for senior trainees from developed countries to spend a year providing humanitarian ear surgery in Ethiopia and training local ear surgeons.

## How can you get involved?

GEO relies entirely on charitable donations from the public as well as donations of medical equipment from companies including Medtronic and Karl Storz. We are currently raising money to build a temporal bone laboratory in Mekelle, and readers can donate securely via our Just Giving page <https://www.justgiving.com/crowdfunding/geo>.

Consultants, trainees and audiologists interested in getting involved in our active missions should contact [info@geoutreach.org](mailto:info@geoutreach.org).



**Misha Verkerk**  
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UK Lead, Global ENT Outreach  
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# SAVE THE DATE

JUNE 9-13, 2019 | LOEWS HOLLYWOOD HOTEL | LOS ANGELES, CA



# 20

TH International  
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