Evidence Table 3. Interventions

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| **Author, Year** | **Group 1****Intervention Specification****Co-intervention(s):** | **Group 2****Intervention specification** **Co-intervention(s):** | **Group 3Intervention specification** **Co-intervention(s):** | **Comments** |
| Abdullah et al., 19941 |  Trimmed high-grade silicone shah permavent TT | Polyethylene conventional Shah TT | NA |  |
| Austin, 19942 | TT+ adenoidectomyFlared polyethylene TT inserted into random earTonsillectomy | AdenoidectomyTonsillectomy | NA |  |
| Brown et al., 19783 | TT+ adneoidectomy | Adenoidectomy | NA |  |
| D'Eredità and Shah, 20064 | Myringotomy using Contact diode laser + AdenoidectomyCDLM was performed on both TMs in the antero-inferior quadrant.Laser settings were 2 W power, 0.5 s pulse duration, with 5 pulses in the contact mode. The resultant myringotomy measured 2.5 mm. | Myringotomy + TT | NA |  |

Evidence Table 3. Interventions (continued)

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| **Author, Year** | **Group 1****Intervention Specification****Co-intervention(s):** | **Group 2****Intervention specification** **Co-intervention(s):** | **Group 3Intervention specification** **Co-intervention(s):** | **Comments** |
| Iwaki et al., 19985 | Shepard grommet tubeAdenoidectomy performed in those with mouth breathing and hyponasality and found to have hypertrophic adenoids; treatment with antibiotics if sinusitis present. | Silicone Good-T tubeAdenoidectomy performed in those with mouth breathing and hyponasality and found to have hypertrophic adenoids; treatment with antibiotics if sinusitis present | Silicone Paperella type II tubeAdenoidectomy performed in those with mouth breathing and hyponasality and found to have hypertrophic adenoids; treatment with antibiotics if sinusitis present | Adenoidectomy was performed at time of tube placement in 69 patients (50.4%) however distribution across treatment arms is NR. |
| Koopman et al., 20046 | Laser myringotomyPower setting varied from 7-20 W; diameter of circulm. ar perforation : 1.8-2.6 mm. Fluid not aspirated. No antibiotics given.Children in whom adenoidectomy was indicated underwent this procedure using a sharp curette according to guidelines. Otorrhea persisting for more than 1 week treated by eardrops of dexamethasone/framycetine/gramicidin or ofloxacin; otorrhea with fever treated with amoxicillin oral antibiotics. | TT inserted using cold-knife myringotomyA Donaldson tube was used but in thecase of OME with atelectasis of themiddle ear, a Goode-T tube wasinserted.Children in whom adenoidectomy was indicated underwent this procedure using a sharp curette according to guidelines. Otorrhea persisting for more than 1 week treated by eardrops ofdexamethasone/framycetine/gramicidin or ofloxacin; otorrhea with fever treated with amoxicillin oral antibiotics. | NA | Children who underwent andenoidectomy as a combined procedure: 97; Adenoidectomy + tonsillectomy: 1 |

Evidence Table 3. Interventions (continued)

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| **Author, Year** | **Group 1****Intervention Specification****Co-intervention(s):** | **Group 2****Intervention specification** **Co-intervention(s):** | **Group 3Intervention specification** **Co-intervention(s):** | **Comments** |
| Licameli et al., 20087 | Phophorylcholine coated fluroplastic Armstrong TT | Uncoated fluroplastic Armstrong TT | NA |  |
| Lildholdt, 19798 | TT + AdenoidectomyIf effusion was present, it was suctioned and a teflon coated Donaldson tube was palced anterially in TM | Adenoidectomy | NA |  |
| Mandel et al., 19899 | MyringotomyIn children without “significant” hearing loss | Myringotomy + Armstrong TTIn children without “significant” hearing loss | Watchful waitingIn children without “significant” hearing loss | G4: MyringotomyIn children with significant hearing lossG5: Myringotomy + Armstrong TTIn children with significant hearing loss |

Evidence Table 3. Interventions (continued)

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| **Author, Year** | **Group 1****Intervention Specification****Co-Interventions**  | **Group 2****Intervention specification** **Co-intervention(s):** | **Group 3Intervention specification** **Co-intervention(s)** | **Comments** |
| McRae et al.,198910 | Shah TT+ aspiration prior to TT placement After myringotomy, glue was aspirated from the selected side using a microsucker. | Shah TT without aspiration prior to tube placement | NA |  |
| Ovesen et al., 200011 | TT + application of 0.5 ml of a Mucomyst solution 20 mg/ml in one ear after insertion of tubes | TT + application of 0.5 ml of a placebo in one ear | TT in contralateral ear, exclusively  |  |
| Popova et al., 201012 | Fluroplastic Donaldson grommet +adenoidectomy  | Myringotomy + adenoidectomy | NA |  |

Evidence Table 3. Interventions (continued)

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| --- | --- | --- | --- | --- |
| **Author, Year** | **Group 1****Intervention Specification****Co-intervention(s):** | **Group 2****Intervention specification** **Co-intervention(s):** | **Group 3Intervention specification** **Co-intervention(s):** | **Comments** |
| Ragab, 200513 | Radiofrequency myringotomy + Mitomycin CTopical mitomycin was applied to the tympanic membrane before radiofrequency tympanostomy. Mitomycin C application was performed using a saturated (not dripping) Gelfoam piece soaked in 0.4 mg/ml of mito- mycin C placed over the tympanic membrane for 10 minutes. The myringotomy (2–3 mm in diameter) was placed in the anteroinferior segment of the tympanic membrane.Adenoidectomy in 26 patients (87%) | Radiofrequency myringotomy + Mitomycin CThe myringotomy (2–3 mm in diameter) was placed in the anteroinferior segment of the tympanic membrane.Adenoidectomy in 29 patients (97%) | NA |  |
| Shishegar and Hoghoghi, 200714 | Adenoidectomy + myringotomy Ten day courses of ammoxicillin therapy (75 mg/day in 3 doses) prescribed for all patients post-operatively | Adenoidectomy + myringotomy + TTTen day courses of ammoxicillin therapy (75 mg/day in 3 doses) prescribed for all patients post-operatively | NA |  |

Evidence Table 3. Interventions (continued)

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| --- | --- | --- | --- | --- |
| **Author, Year** | **Group 1****Intervention Specification****Co-intervention(s):** | **Group 2****Intervention specification** **Co-intervention(s):** | **Group 3Intervention specification** **Co-intervention(s):** | **Comments** |
| Slack et al., 198722 | Shepard tube | Shah tube | Paprella tube | G4: Goode tubesG5: Reuter Bobbin tubesG6: Unknown or other tube type |
| Szeremeta et al., 200016 | Laser Myringotomy + adenoidectomyUsing CO2 laser  | Incisional, cold knife Myringotomy + adenoidectomy | NA |  |
| Tos and Stangerup, 198917 | Right sided -Donaldson type TT+ adenoidectomyEvaculation of MEE | Myringotomy + adenoidectomyEvaculation of ME effucion |  |  |
| Vlastos et al., 201118 | Shepard type TT + adenoidectomyCold steel tonsillectomy | Myringotomy + adenoidectomyCold steel tonsillectomy |  |  |
| Wielinga et al., 199019 |  Teflon bevelled Armstrong TT1.15 mm internal diameter and 7.5 mm length TT were used | Silicon Goode TT |  |  |
| Williamson et al., 200920Williamson et al., 200921 | Mometasone furoate nasal spray Nasal spray with 140, 50 um doses of mometesone to be administered once per day for 1 month. Total time taking steroid was 3 mos.Support call from staff | Placebo | NA |  |