

Antibiotic-glucocorticoid eardrops found superior in acute otorrhea

20 April 2015



(HealthDay)—For children with tympanostomy tubes who develop otorrhea, antibiotic-glucocorticoid eardrops are clinically superior and cost less than oral antibiotics or initial observation, according to a study published online April 20 in *Pediatrics*.

Thijs M.A. van Dongen, M.D., Ph.D., from the University Medical Center Utrecht in the Netherlands, and colleagues performed an open-label pragmatic trial involving 230 children with acute uncomplicated tympanostomy-tube otorrhea. Participants were randomized to receive either hydrocortisone-bacitracin-colistin eardrops, oral amoxicillin-clavulanate suspension, or initial observation. Parents recorded ear-related symptoms, health care resource use, and non-health care costs for six months. The study doctor visited the children at home at two weeks and six months.

The researchers found that at two weeks and six months, antibiotic-glucocorticoid eardrops were clinically superior to oral antibiotics and initial observation. The mean total cost per patient was \$42.43 for antibiotic-glucocorticoid eardrops, \$70.60 for oral antibiotics, and \$82.03 for initial observation at two weeks. At six months, the

corresponding costs were \$368.20, \$420.73, and \$640.44. Calculating the incremental cost-effectiveness ratios was redundant because of the dominance of eardrops.

"Antibiotic-glucocorticoid eardrops are clinically superior and cost less than [oral antibiotics](#) and initial observation in [children](#) with tympanostomy tubes who develop otorrhea, both in the short and long term," the authors write.

Microbiological analyses of samples taken as part of the trial were supported by GlaxoSmithKline.

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APA citation: Antibiotic-glucocorticoid eardrops found superior in acute otorrhea (2015, April 20)
retrieved 6 September 2022 from <https://medicalxpress.com/news/2015-04-antibiotic-glucocorticoid-eardrops-superior-acute-otorrhea.html>

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