

FACTSHEET

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MICROTIA

What is microtia?

This is the medical name for an ear which has developed differently. The ear may be very small, folded over, absent or a different shape. Sometimes the ear canal is very narrow or missing altogether. Microtia can occur in one or both ears.

Ear abnormalities in Microtia

In almost all cases of microtia, the outer ear, the ear canal and the middle ear are all effected.

The Outer Ear: The change may vary from being very mild to very severe. Occasionally the ear does not develop at all.

The Ear Canal: This is frequently very narrow and may be absent.

The Middle Ear: This is the part of the ear behind the ear drum. It is usually effected and the changes vary from mild to severe deformity of the ossicles (little bones of hearing).

What causes microtia?

In most children who have microtia, we cannot find a cause.

Is microtia hereditary?

In most children, microtia is not hereditary. In a few genetic syndromes, microtia may be inherited. Discussion with a genetic specialist is recommended if there are questions about inheritance.

How will microtia effect my child?

Microtia affects your baby's appearance. You may feel shocked or disappointed that your baby looks different. This is a normal feeling. When children are older, they may sometimes become self-conscious about the appearance of their ears. They may ask for the ear to be fixed.

In most children, there is poorer hearing in the ear with microtia. If your child has no ear canal there is at least a moderate degree of hearing loss in that ear i.e. at least a 60 decibel hearing loss. Occasionally, there may be hearing loss in the other ear as well. If there is hearing loss in both ears, your child will usually require amplification through the use of a hearing aid for one or both ears.

Can microtia affect a child's speech or learning?

This can happen if your child is not hearing adequately. Children with hearing loss in one ear often hear poorly if there is background noise and may miss things said to them in the classroom or at home. A child who misses a great deal of what is said may have difficulties with schoolwork. Further information about hearing loss in one ear is available (see Fact Sheet "Hearing Loss in One Ear: The School Child" and Hearing Loss in one Ear: (Babies and Pre-school Children www.schn.health.nsw.gov.au/files/factsheets/hearing_loss_in_one_ear_babies_preschool_children-en.pdf) If a child with microtia has many ear infections in the better hearing ear, there may be long periods of poor hearing,

and this may affect speech and language development. Consultation with an ENT surgeon and /or a paediatrician may be advisable if this occurs.

Will my child have other problems?

In many children, the ear is the only part of your child that has developed differently. In a few children, the microtia may be part of a syndrome such as Goldenhaar Syndrome in which other problems are present. It is important for your child with microtia to be examined carefully after birth by a paediatrician so that any problems in other areas can be identified and managed.

What treatment is available?

Surgery

Plastic surgery is frequently available to improve the appearance of the ear lobe once your child is over 8-10 years of age and has clearly indicated that he/she wants to undergo this surgery. Not all parents or children with microtia want to have surgery for this condition. Others may want it very much.

Occasionally a narrow ear canal can be widened but the surgery is difficult and is rarely undertaken if there is good hearing in the other ear. Surgery on the middle ear is rarely undertaken unless the problem is very mild and there is good access to the middle ear. Children with ear infections or persistent fluid in the middle ear (Glue ear) may need antibiotics or surgery such as insertion of ventilation tubes (grommets).

Hearing loss management

Children with a hearing loss should have a hearing test every year. If a child has microtia affecting both ears, he or she will probably require a hearing aid. This may be a traditional behind the ear hearing aid or a bone conductor hearing aid. An implanted hearing aid may be suitable for older children. Hearing early intervention may be helpful for your child. Ask your audiologist, ENT surgeon, paediatrician or Microtia Clinic what services are available in your area.

IT IS ESSENTIAL TO TEST THE CHILD'S HEARING IN BOTH EARS IF AN EAR ABNORMALITY IS NOTED AT BIRTH.

What is the Microtia Clinic?

The Microtia Clinic was established at the Children's Hospital at Westmead to help parents gain appropriate advice about this problem. The clinic provides assessment by a plastic surgeon, ENT surgeon, a paediatrician, an education consultant and social worker. Microtia Clinic staff will advise on current treatment options to improve your child's hearing and appearance. Usually the surgery for this condition is not done until your child is over 8 years of age. Children have ongoing

reviews to monitor progress with speech and language and provide updated advice on treatment. The clinic is co-ordinated by a paediatrician who also reviews the child for a cause of the microtia and associated problems. An education consultant, who is a teacher of the deaf, is able to offer educational advice. A social worker is also available for children and their families to provide support and counselling.

Appointments can be made by contacting the Deafness Centre: (02) 9845 2139

Help for other problems

Some children with microtia have other problems such as a cleft palate, jaw problems, eye problems, orthodontic problems etc. They may need to attend other clinics as well, such as the Craniofacial Clinic, Cleft Clinic or Dental Clinic.

Remember:

- Do not hesitate to ask questions so that you are sure about treatment available for your child.
- Children with a hearing loss need a hearing test every year.