

The efficacy of nasal cavity lavage with a physiological saline solution in prevention of recurrent acute otitis media: a pilot randomised controlled study

Submission date 20/01/2008	Recruitment status No longer recruiting	<input type="checkbox"/> Prospectively registered
		<input type="checkbox"/> Protocol
Registration date 16/04/2008	Overall study status Completed	<input type="checkbox"/> Statistical analysis plan
		<input type="checkbox"/> Results
Last Edited 16/04/2008	Condition category Ear, Nose and Throat	<input type="checkbox"/> Individual participant data
		<input type="checkbox"/> Record updated in last year

Plain English summary of protocol

Not provided at time of registration

Contact information

Type(s)

Scientific

Contact name

Dr Annie Lapointe

Contact details

3175 Cote Sainte-Catherine

Montreal

Canada

H3T 1C5

+1 514 345 4857

annie.lapointe.hsj@ssss.gouv.qc.ca

Additional identifiers

EudraCT/CTIS number

IRAS number

ClinicalTrials.gov number

Secondary identifying numbers

N/A

Study information

Scientific Title

Study objectives

We believe that regular nasal irrigation with a physiological saline solution decreases the occurrence of acute otitis media (AOM) and recurrent acute otitis media (rOMA).

Ethics approval required

Old ethics approval format

Ethics approval(s)

Ethics approval received from the Comité d'éthique de la recherche du CHU Saint-Justine on the 28th May 2007 (ref: 2510), last amended 8th January 2008.

Study design

Randomised controlled pilot project

Primary study design

Interventional

Secondary study design

Randomised controlled trial

Study setting(s)

Hospital

Study type(s)

Treatment

Participant information sheet

Not available in web format, please use the contact details below to request a patient information sheet.

Health condition(s) or problem(s) studied

Recurrent acute otitis media

Interventions

Intervention group:

Nasal irrigation with a physiological saline solution. A 0.9% saline solution is used.

1. If the child is not capable of blowing his nose: 1 cc (full dropper) per nostril, repeated twice, performed four times a day (QID) or six times daily during a respiratory infection
2. If the child is capable of blowing his nose: 5 vaporisations per nostril, blow nose and repeat a second time, perform QID or six times daily during a respiratory infection

Control group:

Patients in the control arm do not perform nasal irrigations.

Treatment lasts 3 months and there are two follow-up visits at 6 weeks intervals.

Intervention Type

Drug

Phase

Not Specified

Drug/device/biological/vaccine name(s)

Saline solution

Primary outcome measure

Incidence of recurrent acute otitis media (rAOM) defined as the occurrence of two distinct episodes of acute otitis media during the 3-month study period.

Secondary outcome measures

1. Occurrence of 1 episode of acute otitis media during the 3-month study period
2. Occurrence of adverse events

Overall study start date

24/09/2007

Completion date

01/06/2008

Eligibility**Key inclusion criteria**

1. Age is between 6 months and 5 years old (exclusively), either sex
2. Recurrent acute otitis media (AOM) (diagnosed by paediatrician or referring general practitioner):
 - 2.1. Four AOM within 6 months
 - 2.2. Six AOM or more within 1 year

Participant type(s)

Patient

Age group

Child

Lower age limit

6 Months

Upper age limit

5 Years

Sex

Both

Target number of participants

Key exclusion criteria

1. Parents refuse to participate
2. Known disease or syndrome modifying the normal anatomy or physiology or the upper respiratory tract (Downs, Apert, Crouzon, mucopolysaccharidosis, cranio-cerebral trauma, etc.)
3. Malformations:
 - 3.1. Craniofacial, skull base or nose
 - 3.2. Complete or submucous cleft palate
4. Immunodeficiency:
 - 4.1. Congenital (according to paediatrician or immunologist)
 - 4.2. Acquired (human immunodeficiency virus [HIV], chemotherapy)
5. Ciliary dysfunction (according to paediatrician or pneumologist)
6. Tympanic membrane perforation
7. Cholesteatoma
8. Acute complication of AOM (intra- or extra-cranial)
9. History of ear, nose and throat (ENT) surgery (adenoidectomy, tonsillectomy, myringotomy or other)
10. Intra-nasal or systemic corticosteroid use (pulmonary steroids not excluded)
11. Adenoid or tonsil hypertrophy with suspicion of obstructive apnoea
12. Multiple allergies to antibiotics
13. Insufficient comprehension of written or spoken French by parents

Date of first enrolment

24/09/2007

Date of final enrolment

01/06/2008

Locations**Countries of recruitment**

Canada

Study participating centre

3175 Cote Sainte-Catherine

Montreal

Canada

H3T 1C5

Sponsor information**Organisation**

Sainte-Justine Hospital Research Centre (Centre de recherche du CHU Sainte-Justine) (Canada)

Sponsor details

3175 Côte Sainte-Catherine
Montreal
Canada
H3T 1C5
+1 514 345 4691
centre@recherche-ste-justine.qc.ca

Sponsor type

Hospital/treatment centre

Website

<http://www.recherche-sainte-justine.qc.ca/en/>

ROR

<https://ror.org/01gv74p78>

Funder(s)

Funder type

Hospital/treatment centre

Funder Name

Sainte-Justine Hospital Research Centre (Centre de recherche du CHU Sainte-Justine) (Canada)

Results and Publications

Publication and dissemination plan

Not provided at time of registration

Intention to publish date

Individual participant data (IPD) sharing plan

IPD sharing plan summary

Not provided at time of registration