

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

<b>Submission date</b> 20/01/2008	<b>Recruitment status</b> No longer recruiting	<input type="checkbox"/> Prospectively registered
		<input type="checkbox"/> Protocol
<b>Registration date</b> 16/04/2008	<b>Overall study status</b> Completed	<input type="checkbox"/> Statistical analysis plan
		<input type="checkbox"/> Results
<b>Last Edited</b> 16/04/2008	<b>Condition category</b> 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

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### Contact details

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## Additional identifiers

### Protocol serial number

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

**Study type(s)**

Treatment

**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(s)**

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.

**Key secondary outcome(s)**

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

**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

**Healthy volunteers allowed**

No

**Age group**

Child

**Lower age limit**

6 months

**Upper age limit**

5 years

**Sex**

All

**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)

**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

# Individual participant data (IPD) sharing plan

## IPD sharing plan summary

Not provided at time of registration

## Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
<a href="#">Participant information sheet</a>	Participant information sheet	11/11/2025	11/11/2025	No	Yes