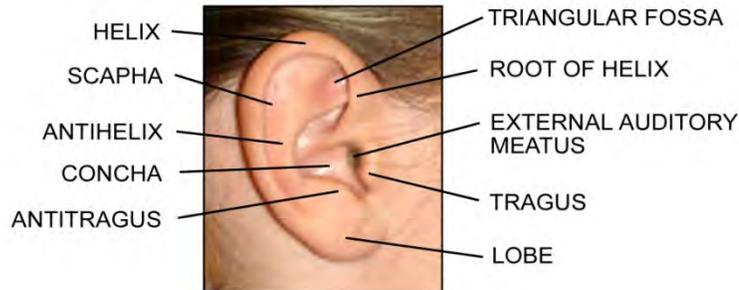


Microtia

What is microtia?

Microtia (mī KRŌ sha) is the incomplete development and growth of the outer ear. This can lead to a small, abnormally-shaped or absent ear. It usually involves one side, though both ears may be affected in some children.

Normal ear anatomy



Microtia can be divided into 4 types:



Grade 1: The ear is small but it has most of the features of a normal ear. The ear canal is usually open.



Grade 3: The ear lobe is present but in a different position. There is often a small bud of cartilage. These children usually have aural atresia.



Grade 2: The ear is small and missing some features. The ear canal may or may not be open. When there is no ear canal it is called aural atresia.



Grade 4: When the ear is missing it is called anotia.

Will my child have other problems related to the microtia?

Many children with microtia also have a small jaw on the same side. This is called hemifacial microsomia (HFM) or craniofacial microsomia (CFM).

Many children with microtia also have mild abnormalities of their normal ear. About 10% of children with microtia have abnormalities in other systems. These may include facial clefts, heart defects, eye, kidney and vertebral abnormalities.

Why does my child have microtia?

Most of the time we do not know what caused the ear to form abnormally. Exposure to high doses of vitamin A and maternal diabetes during pregnancy are two of the known causes of microtia. There are also some syndromes associated with small ears. These include: Treacher-Collins syndrome, Oculoauricolovertebral syndrome and Goldenhar syndrome.

Microtia may run in your family. A specific gene has not been identified yet. Right now there are no tests to show the cause of microtia.

What should we do for our child?

Start by having your child’s hearing tested. We expect that your child will have some hearing loss in the small ear. The hearing test will also tell us about the hearing in the other ear. Children with normal hearing in one ear often develop normal speech and language. However, the presence of hearing loss in one ear can also present some challenges for young children as they learn speech and language.

There are two main types of hearing tests: BAER (brainstem auditory evoked responses) and behavioral testing (audiogram). BAER testing is performed if your child is too young to cooperate with behavioral testing. Behavioral testing is done when the child is mature enough to cooperate. Other tests may be recommended, based on your child’s age. Based upon the results of the hearing tests, the audiologist and otolaryngologist will discuss the options for hearing management.

This table provides an outline of our recommendations for your child:

Age	Recommendations
Infancy (0-12 months)	<ul style="list-style-type: none">• Routine well-child care• Hearing evaluation• Hearing loss intervention if needed• Renal (kidney) ultrasound• Consider band-retained bone conduction sound processor
Toddlers (1-3 years old)	<ul style="list-style-type: none">• Routine well-child care• Hearing evaluation• Consider a band retained bone conduction sound processor• Consider a speech and language evaluation

To Learn More

- Otolaryngology
206-987-2105
- Your child’s healthcare provider
- www.seattlechildrens.org

Free Interpreter Services

- In the hospital, ask your child’s nurse.
- From outside the hospital, call the toll-free Family Interpreting Line 1-866-583-1527. Tell the interpreter the name or extension you need.

Age

Recommendations

Preschool
(3-5 years old)

- Routine well-child care
- Hearing evaluation
- Consider band retained bone conduction sound processor
- Consider a speech and language evaluation
- Dental assessment

Early school
(5-7 years old)

- Routine well-child care
- Hearing evaluation
- Consider speech and language evaluation
- Dental assessment
- Review options for microtia management
- CT scan of the temporal bones (for children with hearing loss)
- Review options for hearing management
- Neck X-rays
- Academic accommodations, as needed

School age
(7-9 years)

- Consider microtia reconstruction
- Consider options for hearing management
- Evaluate jaw symmetry

Seattle Children’s offers interpreter services for Deaf, hard of hearing or non-English speaking patients, family members and legal representatives free of charge. Seattle Children’s will make this information available in alternate formats upon request. Call the Family Resource Center at 206-987-2201.

This handout has been reviewed by clinical staff at Seattle Children’s. However, your child’s needs are unique. Before you act or rely upon this information, please talk with your child’s healthcare provider.

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