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### Treatment of Otitis Media

SIR—In his otherwise balanced State-of-the-Art Clinical Article on otitis media [1], Dr. Klein does not mention the clearly different way acute otitis media is currently being managed in the Netherlands. On the basis of the seminal studies of Dr. F. L. Van Buchem and colleagues [2, 3], which indicated that uncomplicated acute otitis media in children over 2 years of age can be treated as effectively with acetaminophen as with antibiotics, national consensus was reached that antibiotics are unnecessary in most cases of otitis media [4, 5]. Routine tympanocentesis for obtaining culture specimens is also considered unnecessary. Only patients with an irregular clinical course and those under 2 years of age will receive antibiotic treatment.

It is believed that general practitioners in the Netherlands—who manage the majority of cases of otitis media that occur here—comply well with the guidelines of this consensus. This compliance is one of the explanations for the relatively low level of antibiotic use in the Netherlands [6], and it may also explain the favorable susceptibility patterns of both pneumococci (i.e., the

virtual absence of penicillin resistance) and of *Haemophilus influenzae* (>90% of organisms are susceptible to amoxicillin).

The studies of Van Buchem et al. were based on their own observation that otitis media in the Netherlands had become a milder illness over the past decades. It is clear that this may not apply to other areas of the world. In addition, it should be kept in mind that the Netherlands has a relatively high standard of living and a well-functioning health care system in which well-trained general practitioners play a key role. Dr Klein's recommendation of amoxicillin as the drug of choice for initial therapy is remarkable in view of the fact that the treatment failure rate has been calculated to be 10%–15%. We would be surprised if the failure rate under the current Dutch treatment policy would be that high.

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