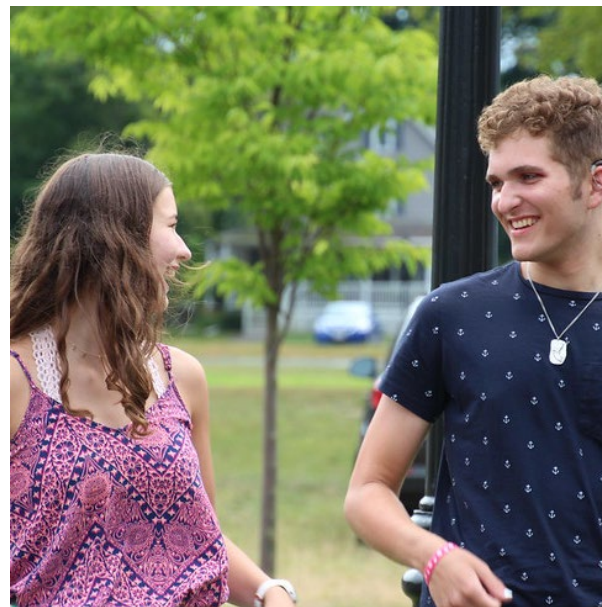


He was the first to notice. Or, more likely, the first to say it. “There’s something up with her ears.” ...Within minutes, Nxxx [husband] was in the corner on his iPhone, diagnosing our daughter before anyone else had the chance to. Microtia, he said. Atresia. It meant nothing to me. But then, I *looked*. There wasn’t just something wrong with her ears—she barely *had* ears. More alarmingly, there were no ear canals. Just two little peanuts on either side of a perfect little head, so perfect on its face that it seemed to mock the malformations on its sides.

<http://ivyleagueinsecurities.com/2013/05/my-sisters-birth-story/#sthash.s3P3j1AE.dpuf>



Children with Microtia/Atresia

An Introduction



CLARKE

SCHOOLS FOR HEARING & SPEECH

Participants will...

1

....discuss unique experiences of parents of children with microtia/atresia and the effect of those experiences in meeting their child's needs.

2

....will analyze research on supports and psychosocial needs of children with microtia/atresia and their families.

3

....identify strategies for supporting families of children with microtia atresia that align with the goals of JCIH and EHDI.



Annual Births

3.6 million babies born in the US annually

11,000-12,000 identified as deaf/hh

< 500 with microtia/atresia



Meredith Berger, MEd
mberger@clarkeschools.org
mb4374@columbia.edu



- Clarke School/New York
- PhD candidate
 - Teachers College, Columbia University
- Parent of 2
 - 1 with microtia/atresia

*disclosure-uses cochlear bahas





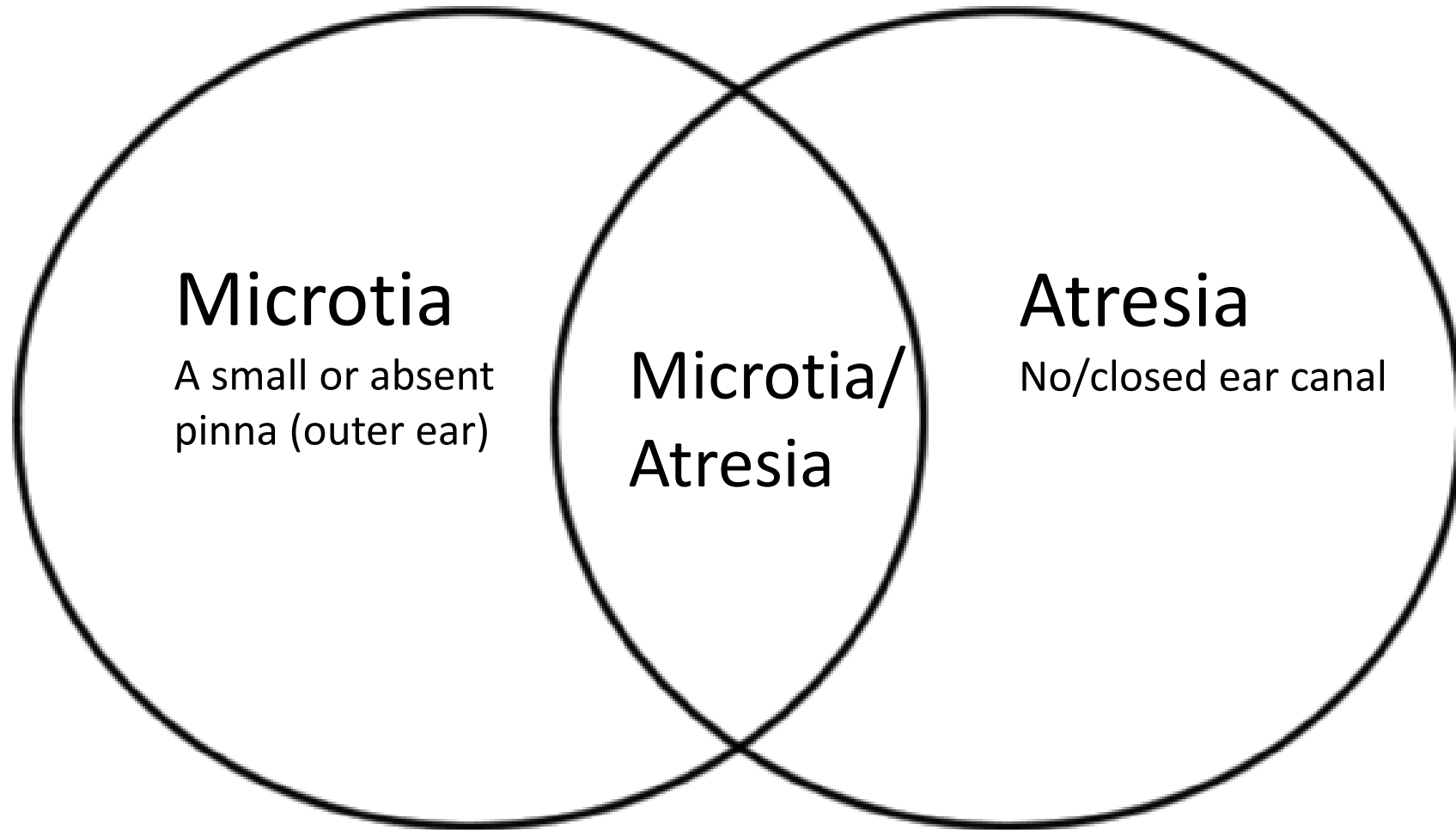


CLARKE

SCHOOLS FOR HEARING & SPEECH

The basics

WHAT IS MICROTIA/ATRESIA?



Types



Grade I Microtia



Grade II Microtia



Grade III Microtia



Grade IV Microtia





What's in a name?



Microtia/Atresia

Aural Atresia

Unilateral Atresia

Unilateral Conductive Hearing Loss

Permanent Unilateral CHL

Atresia

Anotia

Single Sided Deaf (SSD)

Microtia only

Stenotic Canal

Transient Conductive loss

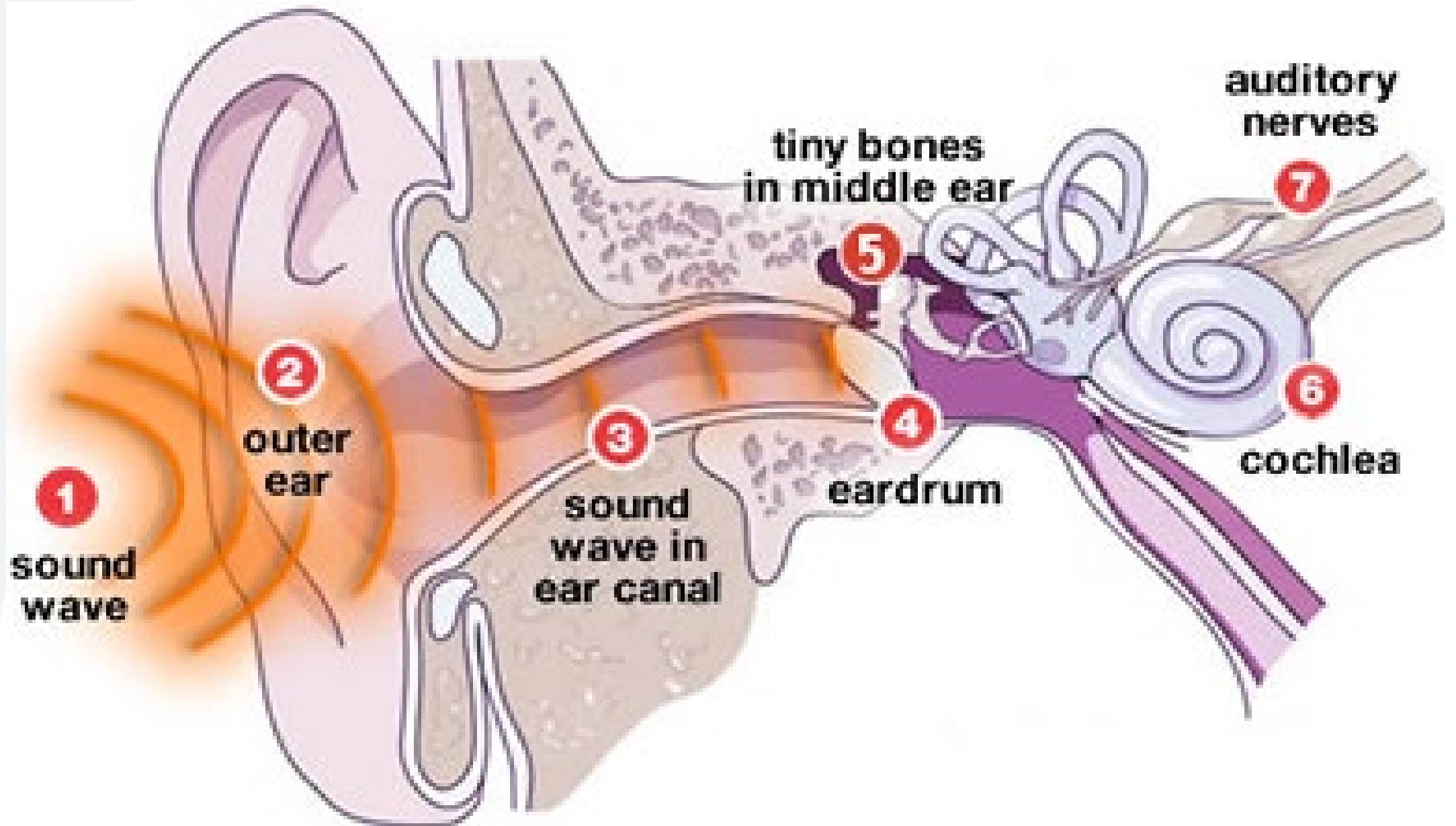
Quick Facts

Estimates of 1/10,000 - 5/10,000

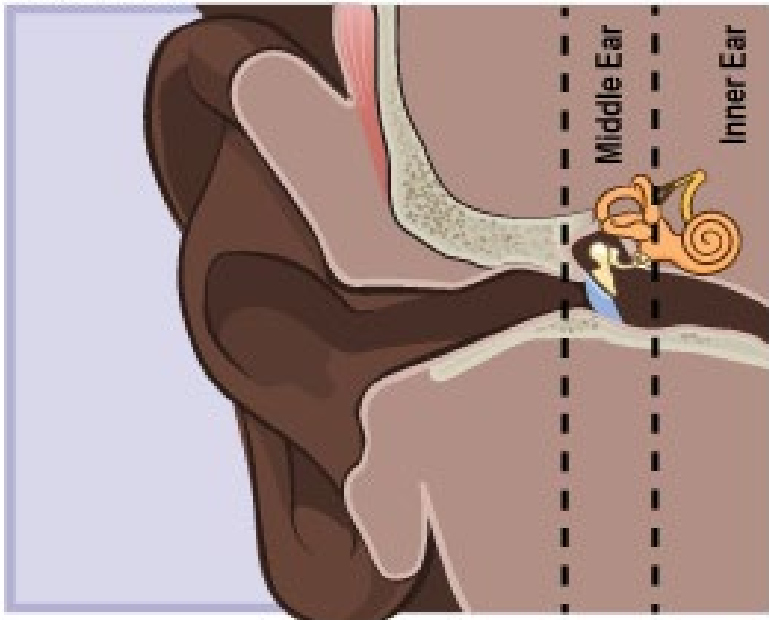
(Center for Disease Control and Prevention, 2018)

- Hispanic/Latino-7x higher
 - Ecuador 17/10,000 (Noroña et al., 2024)
- Asians-3x higher
- African/descent .86/10,000 (Shaw et al., 2004)
- More common in males
- unilateral (>90%), right ear (60%)
- Syndrome related -<20%
 - Oculo-Auriculo-Vertebral-Spectrum (OAVS), sometimes referred to as **hemifacial microsomia**
 - Craniofacial Microsomia and Goldenhar

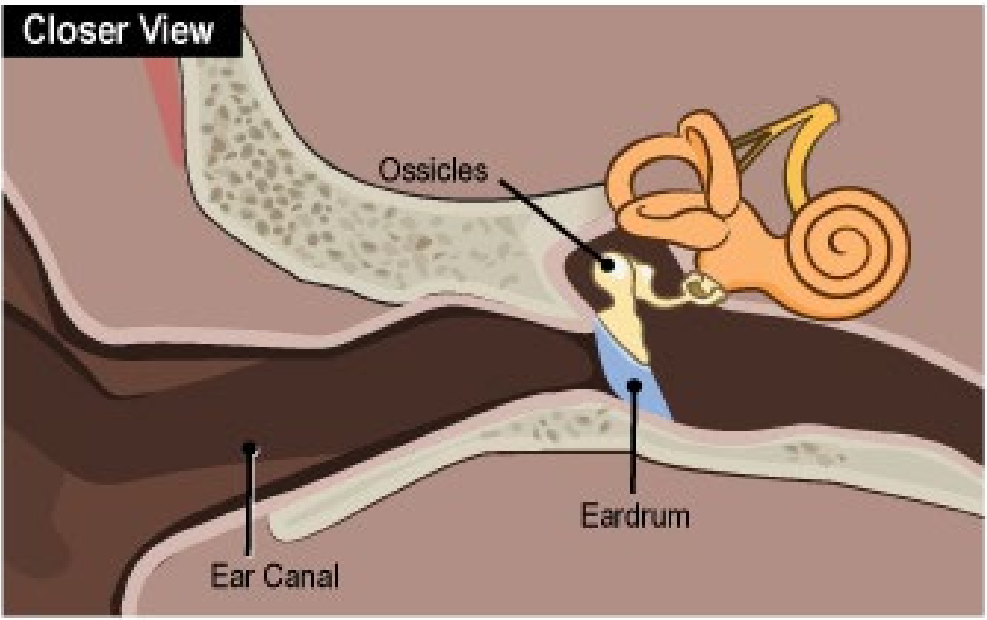




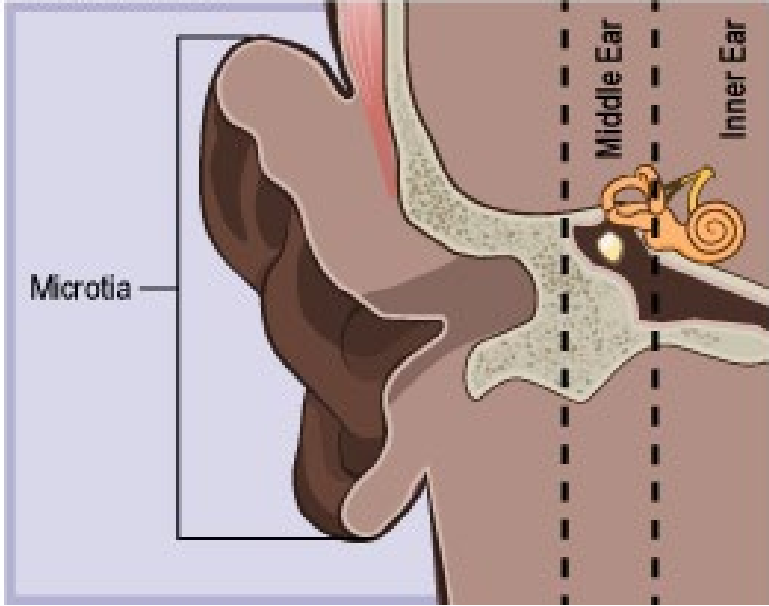
Normal Ear



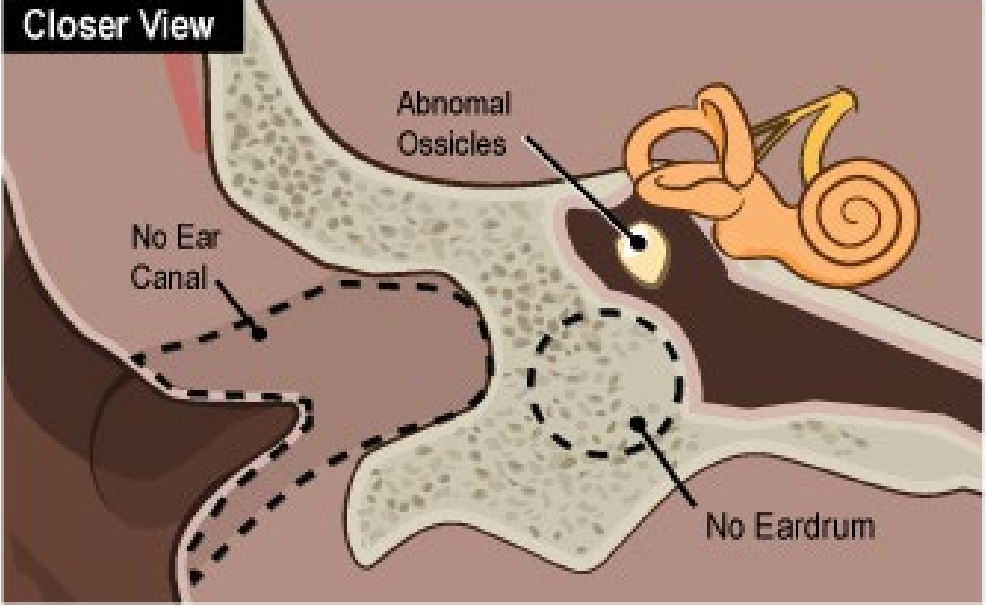
Closer View



Aural Atresia



Closer View

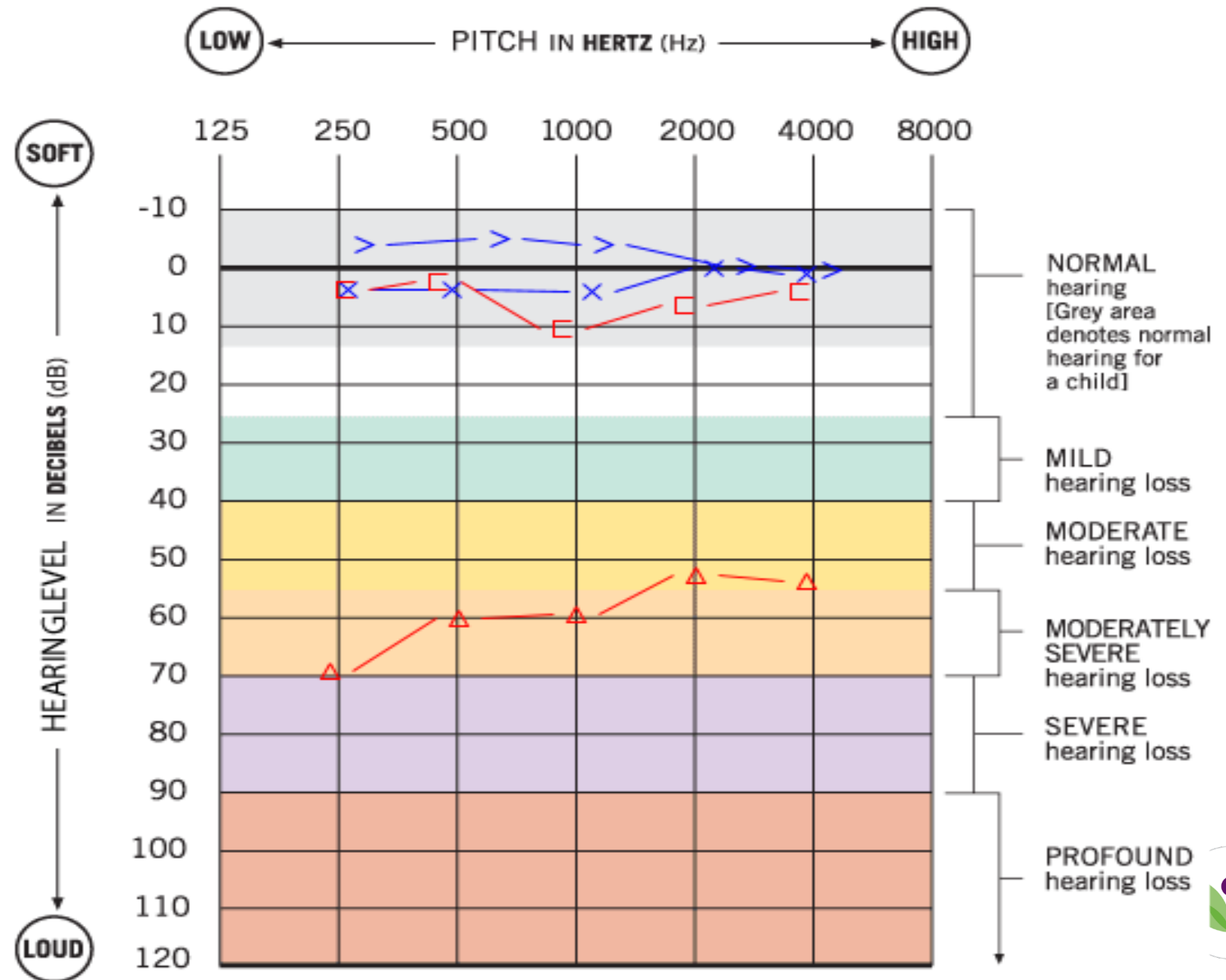


Maximum Conductive Loss- Air/bone gap= cochlear function

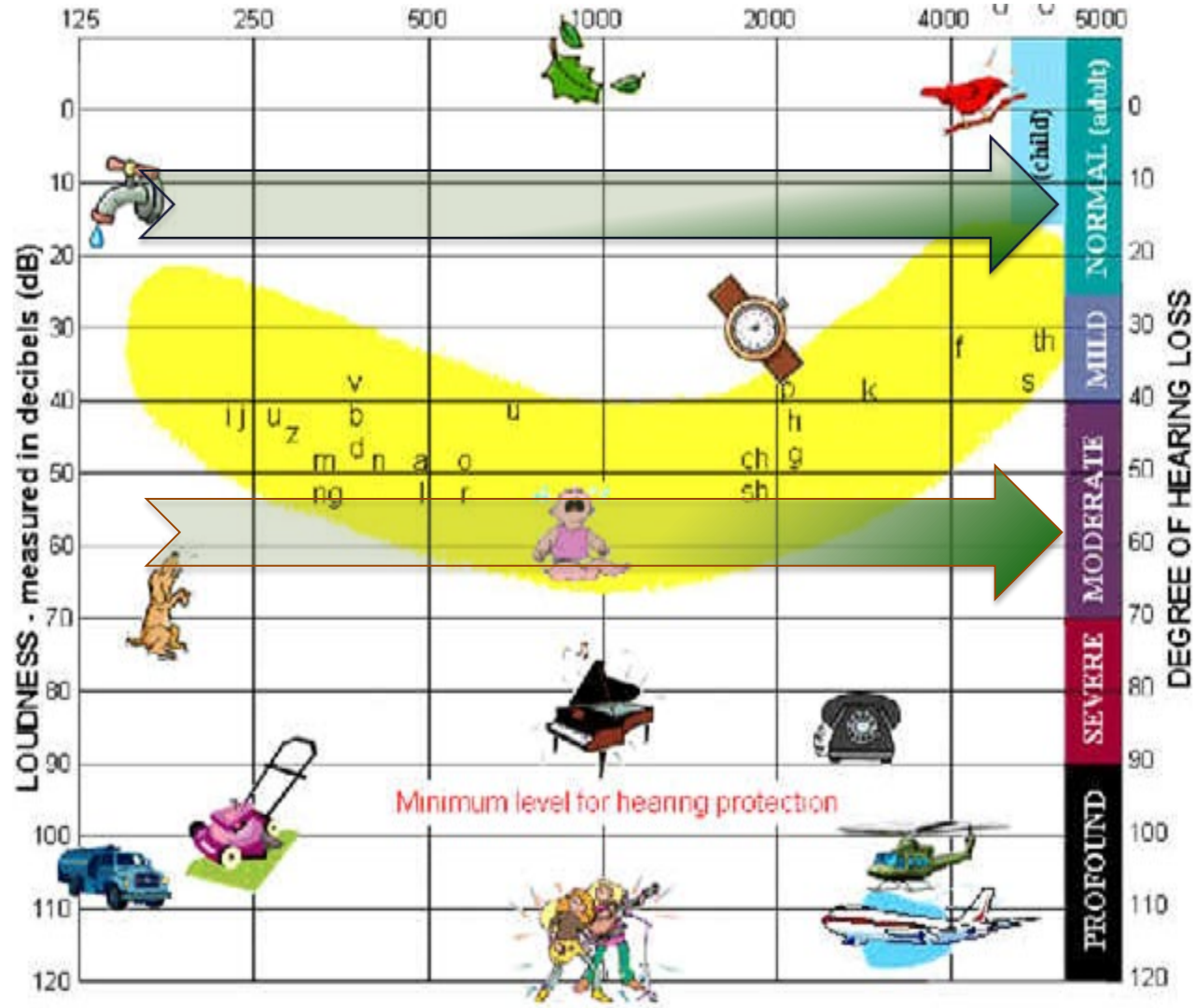
“Normal cochlea function”

≠

“normal hearing”



Lost in the Gap



Bone Responses



Air Responses



Microtia/Atresia 2014-2018

(National Birth Defects Prevention Network , 2022)

	White, Non-Hispanic	Black, Non-Hispanic	Hispanic	Asian or Pacific Islander Non-Hispanic	American Indian Alaska Native, Non-Hispanic	Total*
FL	58 1.2/10,000	28 1.2/10,000	48 1.5/10,000	<5	0	142 1.3/10,000
MA	46 2.2/10,000	7 2/10,000	28 4.2/10,000	9 2.8/10,000	0	93 2.6/10,000
NY	95 1.6/10,000	22 1.3/10,000	109 4/10,000	37 2.8/10,000	0	264 2.2/10,000
PA	Birth Defects Surveillance Program (PA-BDSP) doesn't collect data on anotia/microtia.					

1994

UNHS and 1:3:6 model endorsed

2000

UNHS target “permanent bilateral or unilateral, sensory or
conductive hearing loss...”

...any degree of bilateral or unilateral permanent hearing loss should
be considered eligible for early intervention services.

2019

EI referral made by the birth hospital

Diagnostic audiologic evaluation immediately upon
discharge or can be done in NICU/hospital before discharge





EI services represent the **purpose & goal** of the entire **EHDI** process. Screening and confirmation that a child is D/HH are largely **meaningless** without appropriate, individualized, targeted & high-quality **intervention.**

(Joint Committee on Infant Hearing, 2013)



Options. (Reinisch and Lewin, 2009),

Age	Audiological	Ear Canal	Reconstruction	Therapy and support
Birth-3 	ABR/Testing Amplification: Non-surgical (Baha, Ponto, Adhear)			Early Intervention Language Development Parent Supports
>3 yrs			Medpor/Supor Reconstruction Atresiaplasty	
>5 yrs	Surgical bone conduction devices (BCD)	Atresiaplasty Canalplasty		
≥ 7 yrs			Rib Cartilage/Graft (3-4 surgeries per ear)	

EI Regulations

Part C of IDEA

Each state's definition of an infant or toddler with a disability **must** include an infant or toddler with....A diagnosed physical or mental condition with a high probability of resulting in developmental delay.

[\(34 CFR § 303.21\)](#)

Florida

- Auditory Neuropathy
- **Aural Atresia (bilateral or unilateral)**
- Sensorineural hearing loss >25 dB HL

Massachusetts

- Hearing loss - permanent
- Bilateral, left ear, or right ear
- Neural hearing loss/auditory neuropathy

New York

- a diagnosed hearing loss that cannot be corrected with treatment or surgery
- *Clinical Guidelines supplement*
- *Cost of HAs/BCDs/HAT covered*

Pennsylvania

- State policy does not go beyond federal regulatory language.

Counseling Topics

Effects of unilateral hearing loss

Air/Bone Gap- what does it really mean

Critical period of time for auditory input and language development

Keep Up vs Catch Up

Surgical Timeline

Canalplasty success/complications/age when surgery can occur

Need for amplification post-surgery

Delay to Amplification Usage

Higher incidence of middle ear issues in non-M/A ear. (Billings, 2015)



Medical Surveillance

- Genetics
- Kidney
- Heart
- Vertebral anomalies
- Soft Palate
- Genital anomalies
- Syndromes

Other Needs

- Information access and accuracy
 - Craniofacial team
- Isolation
- Bullying
- Psychosocial Needs
- Surgical questions
- Parenting challenges
 - Hats, glasses, lost devices



Considerations



Soft Palate and VPI

Soft Palate Dysfunction in Children With Microtia.

(van Hövell tot Westerflier et al., 2019)

Prospective study- 67 children

Unilateral (n=40) results

- VPI-60%
- Uvular Deviation- 95%

Bilateral (n=27) results

- VPI- 85%
- Uvular Deviation-
- 59%- almost no movement
- 40%-deviation

Recommendation:

Children with isolated and non-isolated microtia should have in depth evaluation of soft palate movement and VPI



Clinical consensus document for fitting non-surgical transcutaneous bone conduction hearing devices to children. (Bagatto et al., 2021)



Purpose: Address the assessment, selection, and fitting for non-surgical bone conduction devices for children under age 5

- Goal is to fit within 1 month of diagnosis
- Children as young as 2 months
- Bilateral m/a=bilateral BCDs (sequential, based on age)



Psychosocial Needs



infants > toddlers > children > tweens > teens > adults



What helps?

- ✧ Connect with other parents
- ✧ Therapists with M/A experience
- ✧ Acknowledge contradictory advice
- ✧ Family and strangers' questions, comments, and stares
- ✧ Awareness of unique situations

Car seats, highchairs, strollers

Hats and helmets

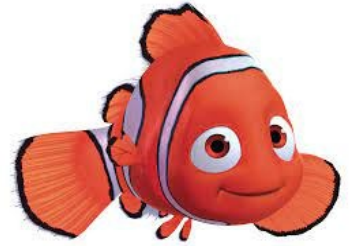
Thermometers

Masks



Banz (on amazon)

Paradigm Shift



Resources

The Ear Community Facebook, website, Ear Community picnics

Facebook groups Microtia Parents & others specific to countries/regions

myFace myFace.org

Little Baby Face Foundation <https://www.littlebabyface.org/>

Hearing First Sophie's Story <https://www.hearingfirst.org/celebrate-1st/1st-life/sophie>

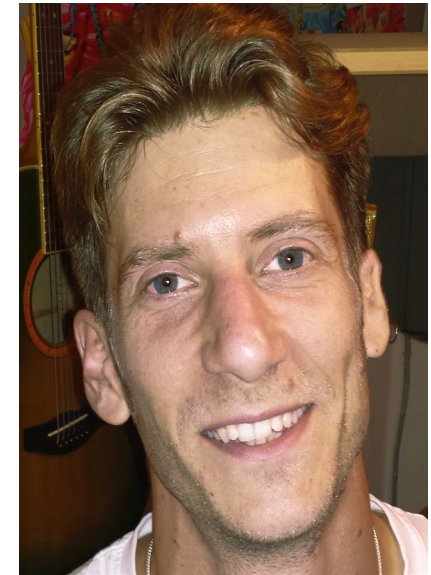
Give an Ear Foundation (South Africa based/Africa focused)

<https://giveanearfoundation.org>

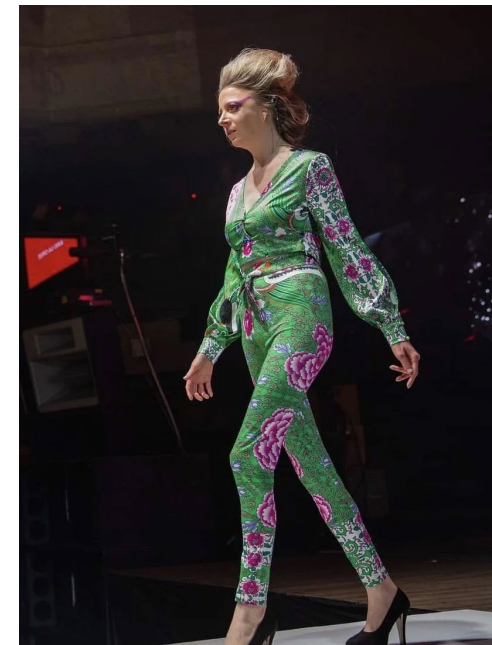
Microtia UK <http://microtiauk.org/>

Microtia Atresia Australia <https://microtiaatresia.com.au/>





Jono Lancaster
 Advocate
love me, love my face
 Camilla Gilbert
 Motivational speaker
 Gideon Glick
 Actor
 Nick John Wilson
 Singer/song writer
 Cynthia Murphy
 Model/Advocate
 Paul Stanley
 KISS drummer
 Salia Baligh
 2023 Rose Parade Princess



Books

Jojo's Tiny Ears

Stefania Munzi-Logus

Hi, I'm Me

Hi, I'm Me in Kindergarten

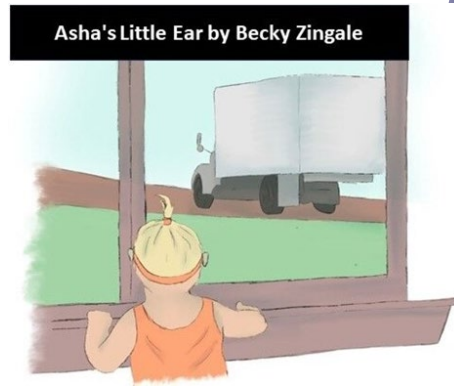
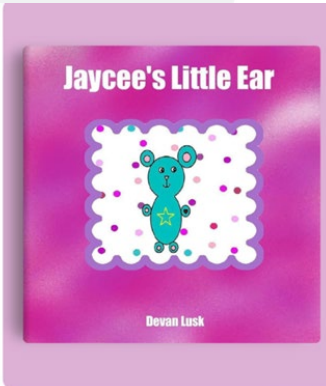
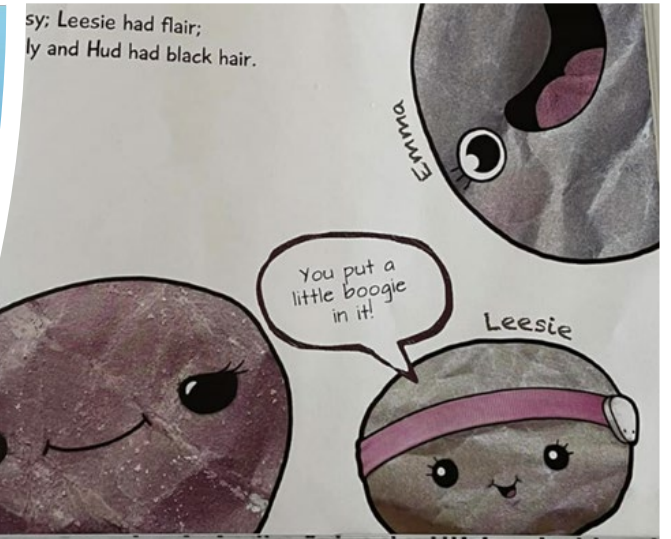
Kelly Vurinaris

Ricky the Rock That Couldn't Roll Mr. Jay

Rebekah's Superpower Emma Bilyk

Wonderfully Different, Wonderfully Me

Becky Zingale



Priscila Soares

- BCD user (not m/a)
- Artist/illustrator
- Myluckyears (Instagram)
- Myluckyears.com





References

- Department of Facial Plastic and Reconstructive Surgery, ENT institute, Eye & ENT Hospital of Fudan University, Shanghai, China, Zhang, T., Bulstrode, N., Department of Plastic and Reconstructive Surgery, Great Ormond Street Hospital, London, United Kingdom, Chang, K. W., Department of Otolaryngology, Lucile Packard Children's Hospital, Stanford University, San Francisco Bay Area, USA, Cho, Y.-S., Department of Otolaryngology, Samsung Medical Center, Sungkyunkwan University, Seoul, Korea, Republic Of, Frenzel, H., Department of Otorhinolaryngology and Facial Plastic Operations, University Hospital Schleswig-Holstein, Lübeck, Germany, Jiang, D., Department of Otolaryngology, St Thomas' Hospital, London, United Kingdom, Kesser, B. W., Department of Otolaryngology, University of Virginia School of Medicine, Charlottesville, USA, Siegert, R., Department of Otolaryngology, Prosper-Hospital, Ruhr University, Recklinghausen, Germany, Triglia, J.-M., & Department of Otolaryngology, La Timone Children's Hospital, Aix-Marseille University, Marseille, France. (2019). International Consensus Recommendations on Microtia, Aural Atresia and Functional Ear Reconstruction. *The Journal of International Advanced Otolaryngology*, 15(2), 204–208. <https://doi.org/10.5152/iao.2019.7383>
- Ghadersohi, S., Haville, S., Hedman, M., Adkisson, K., Cooper, E., Kaizer, A., Gitomer, S. A., & Kelley, P. E. (2021). Socioeconomic and clinical factors influencing treatment selection in microtia and aural atresia. *International Journal of Pediatric Otorhinolaryngology*, 141, 110551. <https://doi.org/10.1016/j.ijporl.2020.110551>
- Guo, F., Lin, L., Yu, X., Song, Y., Yang, Q., He, L., Pan, B., & Jiang, H. (2021). Congenital heart defects in patients with isolated microtia: Evaluation using colour Doppler echocardiographic image. *Cardiology in the Young*, 31(2), 260–263. <https://doi.org/10.1017/S104795112000387X>
- Hamlet, C., & Harcourt, D. (2020). Exploring the Experiences of Adults With Microtia: A Qualitative Study. *The Cleft Palate-Craniofacial Journal*, 57(10), 1230–1237. <https://doi.org/10.1177/1055665620931611>
- Huang, X., Chen, W., Wang, C., Lin, L., Yang, Q., Pan, B., & Jiang, H. (2021). Evaluation of respiratory system anomalies associated with microtia in a Chinese specialty clinic population. *International Journal of Pediatric Otorhinolaryngology*, 146, 110762. <https://doi.org/10.1016/j.ijporl.2021.110762>



References

- Alexander, N. L., Silva, R. C., Barton, G., & Liu, Y.-C. C. (2020). Acquisition limitations of bone conduction hearing devices in children with unilateral microtia and atresia. *International Journal of Pediatric Otorhinolaryngology*, *134*, 110040. <https://doi.org/10.1016/j.ijporl.2020.110040>
- Bagatto, M., Gordey, D., Brewster, L., Brown, C., Comeau, M., Douglas, C., El-Naji, R., Fortier, S., Gascon, A., Godovin, J., Ittner, C., Magathan Haluschak, M., Mauro, L., Morgenstein, K., Peterson, J., Scollie, S., Scott, M., & Wollet, A. (2021). Clinical consensus document for fitting non-surgical transcutaneous bone conduction hearing devices to children. *International Journal of Audiology*, 1–8. <https://doi.org/10.1080/14992027.2021.1939449>
- Cañete, O. M., Purdy, S. C., Brown, C. R. S., Neeff, M., & Thorne, P. R. (2021). Behavioural performance and self-report measures in children with unilateral hearing loss due to congenital aural atresia. *Auris Nasus Larynx*, *48*(1), 65–74. <https://doi.org/10.1016/j.anl.2020.07.008>
- Carpenter, D., Dougherty, W., Sindhar, S., Friesen, T.-N., Lieu, J., & Kesser, B. W. (2022). Are children with unilateral hearing loss more tired? *International Journal of Pediatric Otorhinolaryngology*, *155*, 111075. <https://doi.org/10.1016/j.ijporl.2022.111075>
- Caspers, C. J. I., Janssen, A. M., Agterberg, M. J. H., Cremers, C. W. R. J., Hol, M. K. S., & Bosman, A. J. (2021). Sound localization with bilateral bone conduction devices. *European Archives of Oto-Rhino-Laryngology*. <https://doi.org/10.1007/s00405-021-06842-1>
- Cheng, Y.-F., Xirasagar, S., Liu, T.-C., Kuo, N.-W., & Lin, H.-C. (2021). Ten-year trends in the incidence of microtia: A nationwide population-based study from Taiwan. *European Archives of Oto-Rhino-Laryngology*, *278*(11), 4315–4319. <https://doi.org/10.1007/s00405-021-07014-x>
- den Besten, C. A., Vogt, K., Bosman, A. J., Snik, A. F. M., Hol, M. K. S., & Agterberg, M. J. H. (2020). The Merits of Bilateral Application of Bone-Conduction Devices in Children With Bilateral Conductive Hearing Loss. *Ear & Hearing*, *41*(5), 1327–1332. <https://doi.org/10.1097/AUD.0000000000000853>

