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Nota di contenuto	Part I. Introduction 1. Introduction: Otitis Media Concepts, Facts, and Fallacies; Part II. Concepts and Diagnosis 2. Epidemiology of Otitis Media: What Have We Learned in the New Century Global Health Disparities 3. Impact of Genetic Background in Otitis Media Predisposition 4. Risk Factors for Recurrent Acute Otitis Media and Chronic Otitis Media with Effusion in Childhood 5. Microbiology, Antimicrobial Susceptibility and Antibiotic Treatment 6. Abnormal Innate and Adaptive Immunity in Otitis Media 7. Basic Science Concepts in Otitis Media Pathophysiology and Immunity: Role of Mucins and Inflammation 8. Diagnosis of Otitis Media Part III. Treatments 9. Treatment: Impact of Vaccination and Progress in Vaccine Development 10. Antibiotics for Otitis Media: To Treat or Not to Treat 11. Tympanostomy Tube Placement for Management of Otitis Media 12. Management of Chronic Suppurative Otitis Media 13. Otitis Media Complications 14. Management of Otitis Media in Children Receiving Cochlear Implants.

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## Sommario/riassunto

Otitis media (OM) is the most common diagnosis at medical visits in preschool-age children, and the literature suggests that as many as 80% of children will suffer from at least one episode. Written by acknowledged experts, this is a state of the art reference on the disesase and controversies in the field. Recent important advances in our understanding of predisposition to the disease and vaccine development are described and diagnostic best practices are presented. Otitis Media: State of the Art Concepts and Treatment is for any health care provider who works with children, and their ability to diagnose and appropriately manage OM is therefore an essential skill. The roles of antibiotics, tympanostomy, and surgery in the treatment of OM are carefully examined, with discussion of the impact of guidelines and future directions. Otitis Media: State of the Art Concepts and Treatment is an invaluable source of up-to-date information for all involved in research into OM and its management.