Autism, Middle Ear Disease and the “Dustbin Syndrome”

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Editorial

Autism, like a number of other challenging conditions, is impressive by the multiple theories of aetiological explanation in the face of a concrete universally accepted up till the 1970’s it was being wrongly labelled as childhood schizophrenia. Since then, much ground has been covered both by researchers and the condition itself, which according to the National Disease Control centres, affects 1 in 42 boys and 1 in 89 girls. In 2013, the American Psychiatric Association merged four previously distinct diagnoses into one umbrella diagnosis of autism spectrum disorder (ASD). These included autistic disorder, childhood disintegrative disorder, pervasive developmental disorder—not otherwise specified (PDD-NOS) and Asperger syndrome. Some disregard the Spectrum altogether. These are but a tiny fraction of evidence exhibiting the flux of uncertainty in the very perception of the condition.

In this communication, we touch lightly on the known association of Autism and the child’s deficiency of hearing. Whereas the brain stem type of auditory deficit may be part of the brain wiring altered function, the middle ear causation raises other questions, which we ask here. We ask a simple question with a doubtlessly extremely complex answer: Is it possible that say a 2 year old child with severe hearing deficit from middle ear disease, exhibits features essentially indistinguishable from what is labelled autism? If by bypassing speech and all its “normal” concomitant and automatic facial-visual mimicry? If so, why does this happen in some children and not in others? Is there a particular type of personality yes, why does it happen with some children and not with others which determines the child’s reaction to such hearing loss?

In the presence of a child with undiagnosed serious hearing loss, these “red flags” have a ready explanation. If hearing is intact, that is another story.

The following signs are considered worrying in a child of any age:

I. Avoids eye contact and prefers to be alone
II. Struggles with understanding other people’s feelings
III. Remains nonverbal or has delayed language development
IV. Repeats words or phrases over and over (echolalia)
V. Gets upset by minor changes in routine or surroundings
VI. Has highly restricted interests
VII. Performs repetitive behaviors such as flapping, rocking or spinning
VIII. Has unusual and often intense reactions to sounds, smells, tastes, textures, lights and/or colors

In suggested scenario of missed hearing loss in a 2-3 yr old, points 3, 5, 6 and 8 are also easily acceptable. It explains sought isolation, loss of eye contact because he may hardly know if he is being spoken to, never mind what is being said to him. His interests are restricted to the world he has been forced to create. The minute attention say to the wheels on a toy truck, so avidly pounced upon as another red flag may be play magnification of what is available to him. He might even ask mental questions his peers are too busy and distracted, to bother about. Point VI is difficult, though not impossible to ascribe to the alien world of the “outsider” child who can’t hear and participate. Such children would obviously be drawn to tv, i pads and play stations all of which add beautiful new elements to their lonely world.

The scope of this communication is far from challenging the existence of Autism. It seeks to turn the lens on those situations where the condition is present in for example a 2-3 year old child with severe auditory impairment, especially if missed for a substantial period of time. Autism in the young child with middle ear auditory impairment is too well established a relationship to be co- incidental. The chances of double co-existent primary patholgy in this relationship must be remote indeed. Yet it is crucial to distinguish between auditory deficiency induced autism-like behaviour (ADIALB) and Autism as commonly understood.

Firstly, in an age where medical paternalism has been decried by the Courts, the right of disclosure of information is paramount. The doctor may know best but legal medicine exhorts us to make sure that the doctor explains all to the patient. Secondly shredding away misinformation from Autism helps uncover the real truth about the condition. Thirdly, the morale of the parents of the child and of the family may sink or high rise by the use of a single world. Truth needs must out. But, we must make sure it is the truth and it is science which, ust divulge such truth. In the scenario discussed here, it may well be that the child suffering from ADIALB besides treatment of his hearing difficulty may also need to be restored to normality using the support mechanisms designed for Autism, at least unless more specific treatment comes to light e.g. possibly the greater use of music therapy...Moving out of the diagnosis of Autism may make life more difficult e.g. the potential loss of Autism related help at school. Yet, these can be remedied as the system absorbs new scientific facts and adjusted accordingly.