



EAR INFECTION (OTITIS MEDIA)

DEFINITION

Other than cold viruses, ear infections are the most common infection in childhood. Most children (75 percent) will have at least one ear infection, and over 25 percent of these children will have repeated ear infections. Children are most likely to have ear infections between the ages of 6 months and 2 years, but they continue to be a common childhood illness until the age of 8 years. Untreated ear infections can lead to hearing loss, spread of infection to adjacent structures, or possibly impaired language development. Ear infections may be caused by bacteria or by viruses. Congestion in the nose from any source can lead to blockage of the eustachian tube, a tube which normally releases pressure and fluid from the ear into the nose. When this eustachian tube is blocked, pressure and fluid build up in the middle ear, bacteria grow in this “stagnant” liquid, and an ear infection results. The pressure and inflammation in the middle ear usually cause pain or crankiness and sometimes fever. Most often the nasal congestion that triggers an episode of ear infection is caused by a cold. However, any type of nasal irritation, such as cigarette smoke exposure or allergy, can trigger an ear infection.

TREATMENT

- **Antibiotics** – This medicine will kill the bacteria that are causing the ear infection. Try not to forget any of the doses. If your child goes to school or a babysitter, arrange for someone to give the afternoon dose if necessary. If the medicine is a liquid, use a measuring device to be sure that you give the right amount. **IT IS EXTREMELY IMPORTANT TO GIVE ALL THE MEDICINE.** Do not save leftover antibiotic for the next illness. Even though your child will feel better in a few days, give all the doses of the antibiotic. Finishing the medicine will keep the ear infection from flaring up again. Follow the pharmacist’s directions for storage (refrigerator or room temperature).

In some cases, we will offer the option to wait 24-72 hours for the ear infection to improve on its own without antibiotics, especially for children who are generally healthy, mildly ill with ear pain, and have not had recurrent or recent ear infections.

- **Pain Relief** – Acetaminophen (Tylenol) or ibuprofen (Motrin, Advil) can be given for a few days for the earache or for fever over 102 degrees. Earaches tend to hurt more when your child lies down. Upright positioning or warmth to the ear may help.
- **Restrictions** – Your child may go outside and does not need to cover the ears. Swimming is permitted as long as there is no perforation (tear) in the eardrum or drainage from the ear. Air travel or a trip to the mountains is safe. Have your child swallow fluids, suck, or chew gum (if age four or above) when the plane is going up or down. Your child can return to school or day care when he is feeling better and the fever is gone. Ear infections are not contagious.

- Follow-up Visits – A return appointment allows us to determine if the infection has cleared up in a young child who cannot reliably tell how he feels or in a child with frequent ear problems. It can then be determined whether more treatment is needed. We may also want to test your child’s hearing. Follow-up exams are very important, particularly if the eardrum is perforated or in children with language or learning problems.

CALL OUR OFFICE FOR AN APPOINTMENT IF

- The fever or pain is not gone after your child has taken the antibiotic for 48 hours.
- Your child develops a stiff neck or severe headache.
- You feel your child is getting worse.

RECURRENT EAR INFECTIONS

Children with three to four ear infections in six to twelve months are considered to have recurrent ear infections. Most children outgrow this problem because the eustatian tube function improves with growth. For some children, “tubes” may be recommended. These plastic tubes are inserted through the eardrum and serve as a substitute until the eustatian tubes grow.

FLUID IN THE EARS

Some children may have residual middle ear fluid after the bacteria from an ear infection are killed. (Sometimes called “serous otitis” or “effusion”). 80% to 90% of children have this fluid resolve on its own within 8 to 12 weeks of the initial infection. The presence of this fluid means that the eustatian tube is still not working well. If this condition is detected at your child’s re-check, additional treatment or follow-up may be recommended.