

OTITIS MEDIA (Ear Infection)

Otitis Media is an infection of the middle ear space. This is the space directly behind the tympanic membrane or eardrum. It is common to get a middle ear infection after an upper respiratory illness, such as a cold. Both viruses and bacteria cause ear infections.

Symptoms

- Irritable/ Cranky
- Decreased Appetite
- Fever
- Cold/ Nasal Congestion
- Tugging at ears
- Poor sleep/ waking up frequently

Why does my child keep getting ear infections?

Young infants and children have very small Eustachian tubes. The Eustachian tube connects the middle ear to the back of the nose/throat region. When a child is congested, fluid easily builds up behind the eardrum. This is called an effusion. Many times this fluid sits in the space behind the eardrum and becomes infected. It is possible to have an effusion without having an ear infection. Children that have frequent colds tend to have frequent ear infections. Therefore, children that attend daycare, preschool, or have older siblings, are at higher risk for recurrent ear infections. Ear infections are not contagious; however, the virus or cold that caused your child's infection is probably contagious.

Predisposing factors to ear infections

Studies have shown a direct link between lying down or reclining while drinking and ear infections. Never lay your child down while drinking. Always sit them up right while nursing or taking a bottle. Also, second-hand smoke increases the risk of ear infections.

Diagnosis

On most occasions, a simple look at the ear drum can diagnose an ear infection or effusion. Sometimes a tympanogram is performed to confirm the diagnosis. It is important that all ears be evaluated to diagnose an ear infection. Pulling at ears and irritability can also be caused by teething or other illnesses.

Treatment

Antibiotics are commonly used to treat ear infections. Not all antibiotics work for all ear infections. There are many different bacterial organisms that can cause infections. Sometimes we need to change an antibiotic after an infection has not cleared, and treat less common organisms. Viruses also cause ear infections; therefore, antibiotics do not always cure the infection. It is important to be re-evaluated two weeks after initial diagnosis to be positive that the infection has been treated effectively. Always wait at least one week before re-evaluating an ear infection.

Does My Child need to see an EAR/Nose/Throat Specialist?

If your child has had many ear infections he/ she may need to see an Ear/ Nose/ Throat Specialist (otolaryngologist). Some children need to have myringotomy tubes placed in their eardrums. The tubes prevent ear infections by allowing the fluid to drain from the middle ear. If your child has had one ear infection per month for greater than 6 consecutive months, they may be a candidate for tubes. In addition, if one infection is persistent and does not clear longer than 4 months, an evaluation and possible tube placement may be necessary. If your child is not hearing or speaking well and has had many infections and persistent fluid, he/ she should be evaluated by an ENT. Having tubes placed in your child's ear is a surgical procedure and should only be performed when absolutely necessary. If your child has many infections, but always responds to treatment, and has no hearing or speech difficulties, tubes are not necessary.