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EAR INFECTIONS

Like skinned knees and tantrums, ear infections (otitis media) are a part of growing up. After respiratory infections, otitis media (OM) is the most frequent reason children visit the doctor. Prior to the antibiotic era, residual problems such as hearing loss, bone infection and meningitis were much more commonly seen.

The incidence of ear infections has decreased in the last 15 years secondary to the HIB and Prevnar vaccines and more widespread use of the flu vaccine.

If the Eustachian Tube (ET) fails to open when needed, or opens to let infected secretions into the middle ear, an ear infection may result. The ET is anatomically shorter and more horizontal in children, allowing infected secretions to back up into the middle ear more easily. Preterm babies and babies with cleft palates or other structural defects of the cranium are also more prone to ear infections. Other risk factors for OM include immunodeficiency, large adenoids, allergies, drinking in the reclining position, exposure to cigarette smoke, and daycare exposure.

The signs of an ear infection are well known, and typically follow a simple cold. Symptoms include ear pain or ear pulling, irritability, fever, poor appetite, hearing loss, as well as a draining ear if the ear drum has perforated. Interestingly, 25% of the time when parents are sure it is an ear infection, no infection is present, regardless of the age of the child. The pain these children experience can be explained by Eustachian Tube dysfunction with air pressure buildup, sore throat, infected glands, a tooth infection, and several other possibilities. Unfortunately, some children do not complain of pain when an ear infection is present, and these infections are often uncovered on a routine physical exam.

The first line of treatment for ear infections is usually antibiotics. There are many different antibiotics that can be used for ear infection, some being useful in particular situations. About 30% of ear infections are caused by viruses and antibiotics will have no effect. However, with so much resistance to antibiotics, some pediatricians may elect not to treat kids older than age two with an antibiotic unless they have a fever or a history of frequent ear problems. Your doctor would advise you to treat the pain and if the symptoms are tolerated to wait to treat with antibiotics for 48 hours, 75% of the ear infections will clear on their own. We will provide a prescription of an antibiotic if the symptoms are not tolerated. We recommend a follow up visit to check the ears if treated or not within 2 weeks

The pain commonly seen with ear infections can be alleviated with ear drops that contain a local anesthetic. Ear infections can be managed with acetaminophen (Tylenol), ibuprofen (Advil or Motrin). Decongestants/antihistamines may help the Eustachian Tube function and also help to relieve pain. Additionally, an upright position and warm compresses to the ear may also help.