

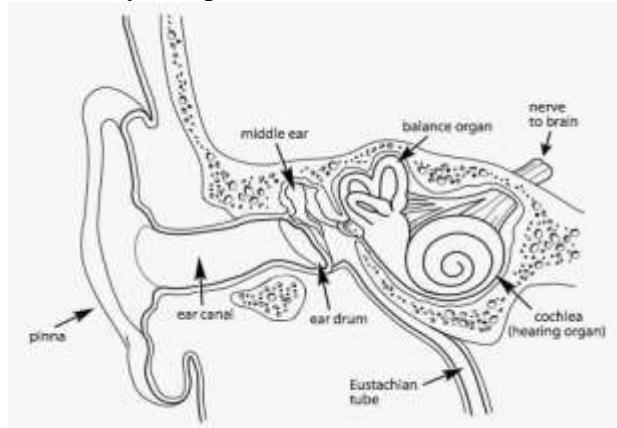


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Middle Ear Infections

The ear has three parts - the outer ear, middle ear, and inner ear. A small tube, called the eustachian tube, connects the middle ear to the back of the nose. When a child has a cold, nose or throat infection, or allergy, the eustachian tube can become blocked, causing fluid to build up in the space behind the eardrum (the middle ear). An ear infection takes place when bacteria or a virus infects the fluid. As pressure builds up, the eardrum bulges and causes pain. The infection may also be accompanied by a fever. Younger children may cry or scream, tug at the ear, and sleep poorly. Older children may complain of an earache and muffled hearing.



In 5-10% of children, pressure in the middle ear causes the eardrum to rupture and drain. The discharge is usually yellow or cloudy. It does not mean the infection is more serious than an infection without discharge. The small tear usually heals in about a week.

Approximately 75 % of children will have one or more ear infections during childhood, while over 25% of them will have repeated infections. The peak age range for ear infections is 3 months to 3 years, although continuing to be a common childhood illness until 8 years of age.

Risk factors include the following:

- Age – 3 months to 3 years
- Family history – more likely if parent or sibling had repeated ear infections
- Colds/Allergies – those in a group childcare setting are exposed to more viruses
- Exposure to tobacco smoke
- Bottle-feeding – especially those who are fed while lying down

Permanent hearing loss or damage to the ear is very rare. Ear infections are not contagious. Your child can return to school or day care when he is feeling better and the fever is gone.

TREATMENT

Give antibiotics as prescribed by your child's doctor. If the medicine is a liquid, use a measuring spoon or dropper to make sure you give the right amount. Never use an antibiotic left over from a previous illness because it loses strength. The medicine will kill the bacteria that are causing the ear infection. Administer all of the medication, until all the pills are gone or the bottle is empty, and try to not miss any doses. Even though your child will feel better in a few days, you must give all the medicine to reduce the risk of reoccurrence.

Give medicine to relieve pain. You can give your child acetaminophen or ibuprofen for a few days to relieve earache or fever over 102 degrees F. Earaches tend to hurt more at bedtime. To help ease the pain, you can put an ice bag wrapped in wet washcloth over the ear. This may decrease the swelling and pressure inside. Some physicians recommend a heating pad instead. Remove the cold or heat in 20 minutes to prevent unintended frostbite or a burn.

Take reasonable precautions. Your child can go outside and does not need to cover their ears. She can also swim as long as there is not perforation (tear) in the eardrum or drainage of fluid from the ear. A trip to the mountains or air travel is generally safe. Just have your child swallow fluids, suck on a pacifier, or chew gum during the 30 to 60 minutes that the airplane is descending to help relieve any pressure buildup in the middle ear.

Be sure to keep follow-up appointments. If your child has been given a follow-up appointment in two to three weeks, the doctor will look at the eardrum to make sure the infection is cleared up. If your child has frequent, recurring infections, they may be referred to a specialist for further evaluation.

Call our office immediately if:

- Your child develops a stiff neck or severe headache.
- Your child complains of dizziness, imbalance, or appears to have difficulty walking.
- The pain is severe (your child is screaming).
- Your child is listless.
- A fever over 105 F develops.

Call within 24 hours if:

- The fever or pain is not gone after your child has taken the antibiotic for 48 hours.
- Your child vomits the antibiotic or refuses to take it.
- You feel your child is getting worse.

Sources:

“When your child has an ear infection” by Barton D. Schmitt, MD (January 1997)
www.medem.com (accessed 3/13/08)