

DESCRIPTION

Otitis Media is an infection or inflammation in the middle ear. It is most common in infants and children aged 3 months to 3 years, but can occur in any age.

Acute Otitis Media (AOM) is most easily thought of as a build-up of fluid (effusion) in the middle ear, with an active infection.

Serous Otitis Media or Otitis Media with Effusion (OME) is also a build-up of fluid (effusion) in the middle ear, but without the symptoms of an infection. It often precedes or follows AOM. It is common for effusion to persist for a few weeks after being treated for an ear infection.

FREQUENT SIGNS AND SYMPTOMS

- Earache or fullness in the ear.
- Hearing may be reduced.
- Headache
- Child is fussy or irritable.
- Fever.
- Dizziness.
- Discharge or leakage from the ear.
- Diarrhea or vomiting (sometimes).
- Pulling at the ear (small children).

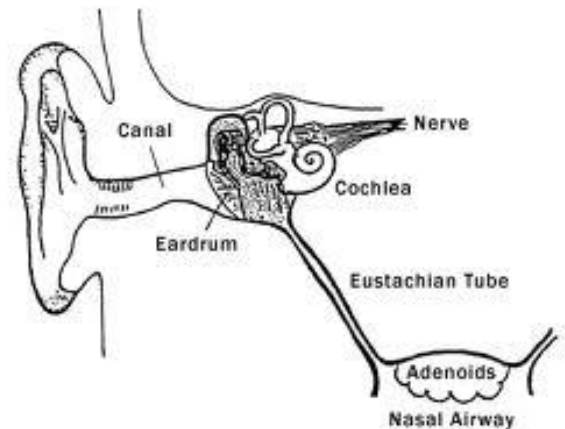
CAUSES

The Eustachian tube is a thin tube that connects the middle ear to the back of the throat. It is responsible for equalizing pressure in the ear and also works to drain mucus from the middle ear into the throat.

Allergies, respiratory infections, exposure to cigarette smoke and other conditions may cause swelling and inflammation of the Eustachian tube and the surrounding membranes.

A swollen or blocked Eustachian tube does not drain properly and results in an abnormal build-up of fluid that may become infected.

Ear infections are usually caused by a virus or bacteria and are rarely caused by fungal infection.



Other factors that increase the risk of developing a middle ear infection are:

- Having asthma, allergies, or previous ear infections.
- Family history of ear infections.
- Being in day care.
- Winter and spring seasons.
- Being bottle-fed while lying down.
- Smoking in the household or car.
- Genetic factors. American Indians and Eskimos seem to get more ear infections than is usual.

PREVENTIVE MEASURES

- Bottle-feed or breast-feed infants in a sitting position with head up, never lying down. Breast-feeding reduces chances of child having ear infections.
- No smoking in household or car.
- Wash hands often to prevent spread of germs that can cause colds, sore throats, or other infections.
- Those affected by seasonal allergies should begin treatment a few weeks before the start of allergy season.

EXPECTED OUTCOMES

The outcome is good in almost all cases. Complications may include:

- Middle ear infections often recur.
- Chronic Otitis Media (infection that lasts over 6 weeks).
- Tympanic Membrane Perforation (Busted Eardrum).
- Rarely, more serious ear problems, hearing loss, brain infection, and other complications may occur.

TREATMENT

- Apply heat to the area around the ear to relieve pain. Use a warm washcloth.
- Rest and reduce activity until symptoms get better. Swimming should be avoided until the infection clears up.
- If the eardrum is bulging, an Ear, Nose & Throat specialist may make a tiny incision to relieve the pressure and pain.
- Your primary care doctor or ENT may decide that surgery is necessary to insert tubes into the ears or remove the adenoids.

MEDICATIONS

- Oral Antibiotics, or in severe cases, antibiotic injections may be given.
- Oral Steroids may be prescribed for inflammation.
 - ↳ Unless your doctor tells you differently, always finish the full course of your antibiotic and steroid prescriptions, even if you start to feel better.
 - ↳ Antibiotics and steroids may interfere with the effectiveness of birth control pills. Use an alternative method of contraception for the remainder of the month after finishing your antibiotic or steroid prescription.
- You may use acetaminophen or ibuprofen to reduce pain and fever. Do NOT give aspirin to children.
- Eardrops may also be prescribed for pain.
- To help alleviate your symptoms, your doctor recommends using an over-the-counter:
 - Decongestant
 - Antihistamine
 - Decongestant/Antihistamine Combo

SEEK MEDICAL ATTENTION IF

The following occur during or after treatment:

- Fever
- Severe headache
- Earache that persists longer than 48 hours despite treatment
- Swelling around the ear
- Twitching of the facial muscles
- Dizziness
- Blood or discharge draining from the ear