



## Quick Glossary for Good Ear Health

Your child has an earache. After your first visit to a physician you may hear some of the following terms related to the diagnosis and treatment of this common childhood disorder.

**Acute otitis media** - the medical term for the common ear infection. Otitis refers to an ear inflammation, and media means middle. Acute otitis media is an infection of the middle ear, which is located behind the eardrum. This diagnosis includes fluid effusion trapped in the middle ear.

**Adenoidectomy** – removal of the adenoids, also called pharyngeal tonsils. Some believe their removal helps prevent ear infections.

**Amoxicillin** - a semi-synthetic penicillin antibiotic often used as the first-line medical treatment for acute otitis media or otitis media with effusion. A higher dosage may be recommended for a second treatment.

**Analgesia** – immediate pain relief. For an earache, it may be provided by acetaminophen, ibuprofen, and auralgan.

**Antibiotic** - a soluble substance derived from a mold or bacterium that inhibits the growth of other bacterial micro-organisms.

**Antibiotic resistance** – a condition where micro-organisms continue to multiply although exposed to antibiotic agents, often because the bacteria has become immune to the medication. Overuse or inappropriate use of antibiotics leads to antibiotic resistance.

**Audiometer** - an electronic device used in measuring hearing for pure tones of frequencies, generally varying from 125–8000 Hz, and speech (recorded in terms of decibels).

**Azithromycin** – an antibiotic prescribed for acute otitis media due to Haemophilus influenzae, Streptococcus pneumoniae, and Moraxella catarrhalis. Also known by its brand name, Zithromax<sup>®</sup>.

**Bacteria** – organisms responsible for about 70 percent of otitis media cases. The most common bacterial offenders are Streptococcus pneumoniae, Haemophilus influenzae and Moraxella catarrhalis.

**Chronic otitis media** – when infection of the middle ear persists, leading to possible ongoing damage to the middle ear and eardrum.

**Decibel** – one tenth of a bel, the unit of measure expressing the relative intensity of a sound. The results of a hearing test are often expressed in decibels.

**Effusion** – a collection of fluid generally containing a bacterial culture.

**First-line agent** – The first treatment of antibiotics prescribed for an ear infection, often amoxicillin.

**Myringotomy** – an incision made into the ear drum.

**Otitis media without effusion** - an inflammation of the eardrum without fluid in the middle ear.

**Otitis media with effusion** - the presence of fluid in the middle ear without signs or symptoms of ear infection. It is sometimes called serous otitis media. This condition does not usually require antibiotic treatment.

**Otitis media with perforation** - a spontaneous rupture or tear in the eardrum as a result of infection. The hole in the ear drum usually repairs itself within several weeks.

**OtoLAM™** – a myringotomy performed with computer-driven laser technology (rather than manual incision with a conventional scalpel).

**Pneumatic otoscopy** - a test administered for the middle ear consisting of an inspection of the ear with a device capable of varying air pressure against the eardrum. If the tympanic membrane moves during the test, normal middle ear function is indicated. A lack of movement indicates either increased impedance, as with fluid in the middle ear, or perforation of the tympanic membrane.

**Recurrent otitis media** – when the patient incurs three infections in three months, four in six months, or six in 12 months. This is often an indicator that a tympanostomy with tubes might be recommended.

**Second line treatment** – antibiotics prescribed when the first line of treatment fails to resolve symptoms after 48 hours.

**Trimethoprim Sulfamethoxazole** – an alternative first line treatment for children allergic to amoxicillin.

**Tympanostomy tubes** – small tubes inserted in the eardrum to allow drainage of infection.



*Do not hesitate to seek clarification from your physician if he or she uses a term that you do not fully understand.*



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