

Otitis Media

Otitis media is fluid or mucus in the middle ear. Children are more likely to have this fluid than adults. In fact, ear infections are the most common illnesses in babies and young children. Otitis media usually happens when viruses and/or bacteria get inside the ear as a result of illness, such as a cold, or from allergies. Hearing is affected when the eardrum and middle ear bones are unable to move as freely as they should.

There are two main types of otitis media requiring different treatments. The first type is called acute otitis media (AOM). This means that parts of the ear are infected and swollen and can be very painful. AOM is usually caused by viruses. If symptoms worsen over 3-4 days a bacterial infection may have occurred and **antibiotics** may be necessary. Antibiotics only work against bacteria, and are not effective against viruses, such as those associated with a cold. In order to be effective, antibiotics must be taken until they are finished. Some bacteria have become resistant to antibiotics, and multiple antibiotics may have to be tried before an ear infection clears. Pain relievers may also help. Vaccines against some of the more common bacteria causing acute otitis media are now a routine part of childcare.

The second type is called otitis media with effusion (fluid), or OME. This means fluid and mucus stay trapped in the ear after the infection is over. OME makes it harder for the ear to fight new infections. Its symptoms are primarily hearing loss and ear pressure. OME often resolves itself, but if it persists for more than three months, it can cause eardrum changes, significant hearing loss, and speech and language delay. Antihistamines and decongestants, steroids, and nasal sprays have been used to reduce nasal swelling, which may improve ear function. Allergy management is sometimes recommended. The most effective care is the surgical insertion of a middle ear ventilation tube (myringotomy).

In a **myringotomy**, a surgeon makes a small opening in the eardrum. Then a tube is placed in the opening. The tube works to relieve pressure in the clogged ear by venting it with fresh air. An improvement in hearing is usually noticed right away and the incidence of middle ear infections should decline. It is important to keep dirty or soapy water out of the ear as long as the tube is in place. After six to twelve months, tubes should fall out on their own. In some cases, a person may need to have a myringotomy more than once. Another surgery, **adenoidectomy**, or removal of enlarged adenoids, which can interfere with the Eustachian tube opening, has also been shown to help some children with otitis media.

For more information:

American Academy of Otolaryngology-Head and Neck Surgery, www.entnet.org

American Academy of Audiology, www.audiology.org

American Academy of Pediatrics, www.aap.org