

How common are ear infections?

Infection of the middle ear, or otitis media, is the most common illness requiring medical therapy in children younger than 5 years.

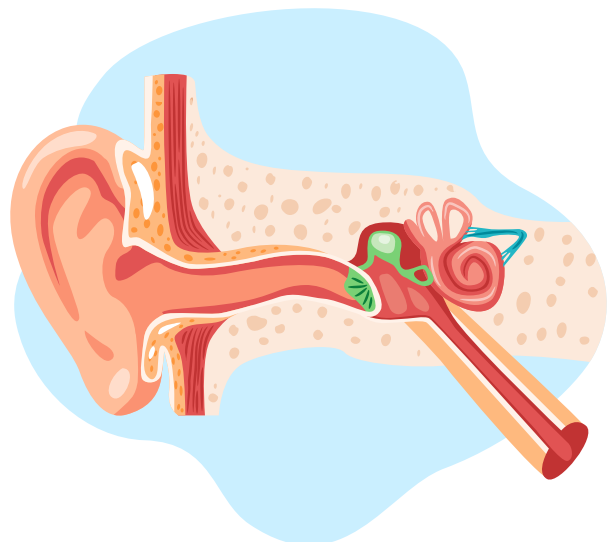
Contrary to popular belief, acute otitis media (AOM) is not at all related to swimming or getting water into the ears.

What are the risk factors for developing an ear infection?

- Frequent colds
- Attending daycare
- Smoking in the household
- Bottle in bed
- Pacifiers
- Siblings with frequent ear infections
- Unvaccinated children

Why are children so prone to ear infections?

The Eustachian tube is the connection between the back of the nose and the ear. Its job is to equalize the pressure between the middle ear and the outside world and to keep the ear free of fluid. In children, it often gets swollen and blocked when infected by a virus. A blocked Eustachian tube causes fluid to collect in the middle ear, which can then become infected by bacteria, causing an ear infection.



What are the symptoms of otitis media?

Children who can talk usually describe feelings of pain or discomfort in the affected ear. Infants may have no symptoms except for increased irritability, pulling on the ear, and fever. A doctor can diagnose otitis media by examining the child's ear with an instrument called an otoscope. The doctor can then see the tympanic membrane (ear drum), which is red with fluid behind it. With appropriate treatment, you can avoid rare but serious complications.

How are ear infections treated?

Many ear infections actually do not require antibiotics! Children over 6 months can be treated with watchful waiting if there are no severe symptoms. This means a 48- to 72-hour period of treating the symptoms with pain medicine and no antibiotics, followed by examining the child again. Ideally, a parent must be able to communicate with their doctor and have access to follow-up care if their child's symptoms get worse.

There is no evidence that nasal saline rinses, nasal steroids, nasal decongestants, or systemic steroids helps reduce the frequency of ear infections.

Infants younger than 6 months should receive antibiotics in all cases. Children aged 6 months to 2 years should receive antibiotics if they have severe symptoms or both ears are infected.

All children with ear infections should receive pain medicine such as acetaminophen (Tempra®, Atasol® or Tylenol®) or ibuprofen (Advil® or Motrin®), particularly in the first 24 hours.

Is follow-up care necessary?

Most cases of otitis media will get better on their own. Because of the risk of complications, all patients should have a follow-up visit with a doctor to ensure that the infection has resolved. Any child with persistent pain or fever should be reexamined within 48 hours. The outcomes for children with ear infections are excellent. Parents should make sure that their child finishes any prescribed medication and bring them in for their follow-up appointment.



UA doctor can diagnose otitis media by examining the child's ear with a special instrument called an otoscope.

