

EAR INFECTION, MIDDLE

(Acute Otitis Media)

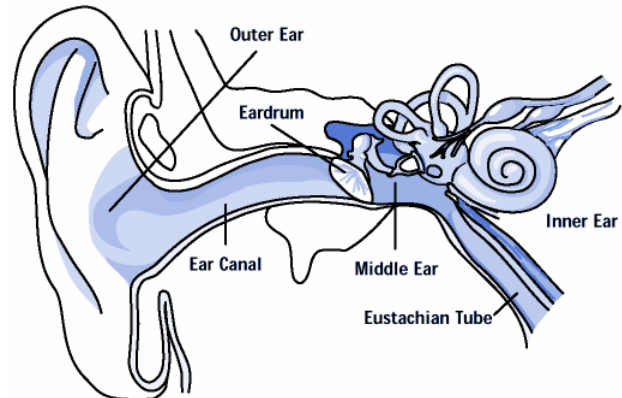


BASIC INFORMATION

Infection and inflammation (redness and soreness) in the middle ear. The medical term is acute otitis media (AOM). The infection is most common in infants and children aged 3 months to 3 years, but can occur in any age. Otitis media with effusion (OME) is fluid in the middle ear, but without the symptoms of infection. It often follows AOM.

FREQUENT SIGNS AND SYMPTOMS

- Earache.
- Feeling of fullness in the ear.
- Hearing may be reduced.
- 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 ear infection is usually caused by bacteria, and less often by a virus. The infection creates a build up of fluid or pus in the middle ear. Middle ear infections often occur after a cold or other illness of the nose or throat.

RISK INCREASES WITH

- Recent illness, such as a cold or sore throat.
- 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, and (possibly) use of a pacifier.
- Smoking in the household.
- Use of antibiotic drugs in the past 1-3 months.
- Genetic factors.

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.
- Wash hands often to prevent spread of germs that can cause colds, sore throats, or other infections.
- Possibly, a pneumococcal vaccine.

EXPECTED OUTCOMES

The outcome is good in almost all cases.

POSSIBLE COMPLICATIONS

- Middle ear infections often recur.
- Chronic otitis media (infection lasts over 6 weeks).
- Rarely, more serious ear problems, hearing loss, brain infection, and other complications may occur.

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DIAGNOSIS & TREATMENT GENERAL MEASURES

- Your doctor can diagnose a middle ear infection by an examination of the ear. Other medical tests are normally not needed.
- Treatment may include drugs and other steps to relieve pain. Not all infections need antibiotic treatment.
- Apply heat to the area around the ear to relieve pain. Use a warm washcloth.
- Swimming should be avoided until the infection clears up.
- Sometimes surgery is performed to put in plastic tubes (grommets) through the eardrum to drain pus or fluid from the middle ear. Surgery may be done to remove the adenoids.
- If the eardrum is bulging, a small cut may be made in it to relieve pressure and pain.

MEDICATIONS

- An oral antibiotic may be prescribed for 7-10 days. Take the full dosage even if symptoms get better. In severe cases, antibiotic injections may be given.
- Eardrops may be prescribed for pain.
- You may use paracetamol or ibuprofen to reduce pain and fever. Do **not** give aspirin to children.
- Don't use cold remedies, decongestants, or antihistamines. They won't help an ear infection.

ACTIVITY

Rest in bed or reduce activity until symptoms get better.

DIET

No special diet.



NOTIFY OUR OFFICE IF

- You or your child has symptoms of a middle ear infection.
- The following occur during or after treatment: fever, severe headache, earache that persists longer than 2 days despite treatment, swelling around the ear, twitching of the face muscles, dizziness.
- You have any other questions or concerns, call Canadian Medical Care (+420) 235 360 133, CMC in The Park (+420) 272 913 593, or after hours (+420) 724 300 303.

SOURCE

- Moore, Stephen. Griffith's Instructions for Patients, 7th Edition. Elsevier: 2005.

Updated and reviewed by: E. Jona, March 2006