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EAR INFECTIONS AND YOUR CHILD

Each year, over 10 million children in the U.S. are treated by health care professionals for ear infections. Most children will have had at least one ear infection in the middle ear (otitis media) by the age of six.

The ear is divided into three parts: The outer, middle and inner ears. The outer is part that we see. It also consists of the external canal. This is the part that picks up the vibrations from sound and transmits them through the ear drum to the middle ear. The middle ear contains three small bones that conduct these vibrations to the inner ear, which contains the nerve endings that make hearing possible. The inner ear is also involved with your sense of balance.

The middle ear is connected to the nasal cavity and the throat by means of passageway called the Eustachian tube. This allows excess secretions from the middle ear to drain away from the ear and into the nose and throat. If the Eustachian tube is not draining properly, these secretions may build up in the inner ear. When the fluid sits for a time, it may become infected. The child may experience pressure as the fluid builds up and subsequently, pain.

Infants and toddlers are more likely than older children to develop middle ear infections because their Eustachian tube lies horizontally, not vertically. This makes drainage more difficult. Fluids can collect and become blocked, creating an ideal environment for bacteria to grow.

Ear infections are often a result of a common cold or other upper respiratory infection. They are sometimes accompanied by coughing, runny nose, sore throat and occasionally, vomiting and diarrhea. Depending on the cause, the child may or may not run a fever.

Common symptoms that your child may experience include: complaining of ear pain if they are able to talk, fever, pulling or tugging at the ear, hitting their ears, being fussy or irritable, poor appetite and high fever. Your child may also experience ear pressure and a mild hearing loss.

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The danger of a child having repeated ear infections is long-term hearing loss. According to the American Academy of Pediatrics, recurring ear infections with hearing impairment may slow speech and learning development, even if there is no permanent hearing loss.

Conventional Treatment

Antibiotics such as Amoxicillin, Bactrim, Ceclor, Augmentin, and Suprax are commonly prescribed for ear infections. Usually, your child will feel much better 48-72 hours after starting the antibiotic.

Some authorities are recommending medication for pain relief alone for up to 5 days, as many of these ear infections will subside quickly without antibiotics.

Some ear infections may not respond to the first medication prescribed. If your child is not getting better after 3-4 days of the antibiotic or seems to be getting worse, call your provider.

For pain, you can usually give your child the appropriate dose of acetaminophen or Motrin. If your child also has sinus or nasal congestion, an antihistamine and/or a decongestant may be prescribed. Antihistamines may cause your child to be drowsy.

Frequent ear infections may require your child to have PE (pressure equalization) tubes. This is done by an Ear, Nose and Throat practitioner. Tubes may be recommended if your child has three ear infections within a six-month period or if there is a resulting documented hearing loss. The tubes are put in under general anesthesia. They are tiny tubes that are placed into a incision made in the ear drum and allow drainage from the middle ear through the tube. Your child usually is not aware of the tube.

Emergencies (when you should call your provider)

If your child experiences a sudden, severe pain, with drainage from the ear it can mean he/she has a perforated ear drum. When the build-up of pressure finally causes the drum to rupture, the relief from pressure can actually stop the pain. You will need to call the office right away if these symptoms occur.

If your child experiences any fever, chills, dizziness or serious hearing loss, call our office immediately. These signs indicate the infection may have worsened or traveled to the inner ear, requiring prompt medical attention.

Another potential and seriously life-threatening complication is meningitis. If your child complains of a severe headache, stiff neck and lethargy, contact your health care provider immediately.