

Adirondack Pediatrics, P.C.

PEDIATRIC AND ADOLESCENT MEDICINE

JOHN C. BRAICO, M.D., F.A.A.P.
KATHLEEN T. BRAICO, M.D., F.A.A.P.
JAMES D. FUCHS, M.D., F.A.A.P.
MARY J. NEVINS, M.D.
ROGER LEVAC, M.D.
ANN M. DYS, M.S.; R.N., C.S., F.N.P.

THE LAAKSO BUILDING
84 BROAD STREET
GLENS FALLS, NEW YORK 12801
TELEPHONE (518) 798-9538

Frequent Ear Infections

HOW DOES MY CHILD GET AN EAR INFECTION?

The middle ear is the small space behind the eardrum. Fluid can collect here, especially during a cold. This fluid can become infected with bacteria and form pus in the middle ear. This is called a middle ear infection (otitis media).

WHY IS MY CHILD PRONE TO EAR INFECTIONS?

Children under the age of 6 years are prone to ear infections because they are prone to collect fluid in the middle ear (serous otitis). This occurs because the eustachian tube does not work well in younger children. The eustachian tube is a thin tube, or tunnel, that connects the middle ear space to the throat. It is supposed to drain fluid out of the middle ear and allow air to enter the middle ear space. In small children it is very narrow and easily blocked up (by colds, etc.). Also, a small child's eustachian tube is nearly horizontal, and therefore, does not drain well. In older children, this tube is at more of an angle so that gravity helps it drain. This "angling up" of the tube occurs slowly at around 5 to 7 years of age. Until then, the narrow, poorly draining tube will cause some children to be prone to ear infections.

WHAT CAN BE DONE TO HELP MY CHILD?

If your child gets frequent ear infections it is sometimes helpful to try to prevent them by using an antibiotic in a low dose, daily. If your child also has fluid in the middle ear persisting for more than two or three months straight, tubes can be placed surgically in the eardrum to help drain the fluid to the outside. The decision to use either of these two methods of prevention is based on your child's age, number and sequence of infections, time of year, your child's speech and hearing, and other factors.

WILL MY CHILD'S HEARING BE DAMAGED?

An ear infection once resolved with antibiotics, does not damage the hearing. Fluid in the middle ear temporarily impairs hearing. Once the fluid is gone, the hearing is back to normal. However, if the fluid remains for a long period of time, it may affect hearing and language.

WHAT CAN WE DO ABOUT FLUID IN THE MIDDLE EAR (SEROUS OTITIS)?

Medicine does not usually help. Tubes (surgical) do help, but since the fluid goes away 90% of the time after two months, the surgery for tubes is reserved for the small proportion of children whose fluid remains for a longer time. This is why re-check appointments are important.



CAPITAL DISTRICT PHYSICIANS' H E A L T H P L A N

Suggested Indications for Referral to Otolaryngologist for Consultation Possible Tympanostomy

At least one of the following:

- Four (4) ear infections in six (6) mos., or seven (7) in one (1) year (12 mos.).
- Persistence of bilateral effusion for more than three (3) mos., despite adequate medical therapy and compliance.
- Significant bilateral threshold hearing loss of >25db with a flat tympanogram, or a 20db conductive loss, which persists for six (6) weeks or more and which has had medical management, including prophylactic antibiotics.
- Failure of at least two (2) trials of different antibiotics for prophylaxis.
- Intractable and symptomatic infection not responding to oral or I.M. antibiotics and may need acute myringotomy.