



MIDDLE EAR INFECTION



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MIDDLE EAR INFECTION



INFORMATION FOR PARENTS

WHAT IS MIDDLE EAR INFECTION?

Middle ear infection, called otitis media, occurs when the middle ear becomes inflamed resulting in redness, swelling and build-up of fluid behind the eardrum.

Five out of six children will have at least one middle ear infection by their third birthday. In fact, middle ear infection is the most common reason parents take their child to a doctor.

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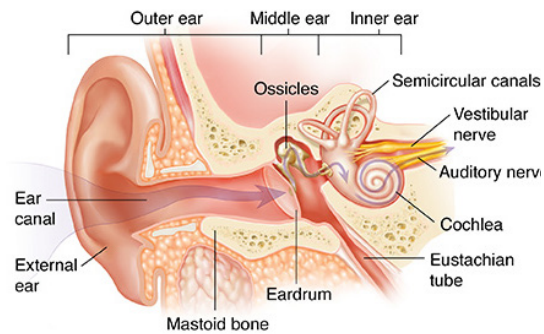
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WHAT CAUSES MIDDLE EAR INFECTION?



The Eustachian tube is a small passageway which connects the upper part of the throat to the middle ear. Its job is to supply fresh air to the middle ear, drain fluid, and keep the air pressure level steady between the nose and the middle ear. Blockage or swelling of the Eustachian tube affects its functioning and this causes middle ear infection. Children are more likely than adults to get ear infections as their Eustachian tubes are smaller and more horizontal, and their immune systems are not yet as effective as adults.

There are three main types of ear infections:

When infection is present, the condition is called acute otitis media. This occurs when a cold, allergy or upper respiratory infection and the presence of bacteria or virus lead to the build-up of fluid behind the eardrum, blocking the Eustachian tube. Your child may present with symptoms of earache and/or fever.

When fluid forms behind the eardrum in the middle ear without any signs of infection, the condition is called otitis media with effusion. Fluid can remain in the middle ear for many weeks to months. As there is no infection, there may not be any symptoms present (e.g. pain, fever).



When fluid in the middle ear persists or repeatedly returns without symptoms of infection this is called chronic otitis media with effusion, sometimes referred to as glue ear. If not treated, chronic otitis media with effusion can have serious consequences such as temporary or permanent hearing loss.

HOW CAN MIDDLE EAR INFECTION AFFECT MY CHILD'S HEARING?

During a middle ear infection some children have no change in their hearing, while others may have a temporary hearing loss caused by the fluid in the middle ear. Hearing loss at a young age can affect speech and language development. The hearing loss may go away once the fluid is gone from the middle ear. However, when ear infections are chronic or reoccur, permanent damage can occur and hearing is affected over a long period.

Otitis media with effusion presents a special problem because symptoms of pain and fever are usually not present. Weeks and even months can go by before parents suspect a problem. During this time speech and language development may be negatively affected. Eustachian tube dysfunction and/or middle ear infection can affect the outcome of newborn hearing screening in infants.

HOW CAN I TELL IF MY CHILD HAS MIDDLE EAR INFECTION?

It can be hard to know whether your child has middle ear infection as there are not always symptoms present. This is especially true if your child is too young to report ear pain. Signs of an ear infection include:



TUGGING OR PULLING AT THE EAR



CRYING MORE THAN USUAL



CHANGE IN APPETITE



FEVER



NOT RESPONDING TO SOUNDS OR SPEECH



TROUBLE SLEEPING



DRAINAGE FROM THE EAR



BALANCE DISTURBANCES



SPEECH AND LANGUAGE DEVELOPMENT DELAY



DECREASE IN SCHOOL PERFORMANCE

WHAT SHOULD I DO IF I THINK MY CHILD HAS MIDDLE EAR INFECTION?

Ear infections require immediate attention from a GP, Paediatrician and/or Ear, Nose and Throat (ENT) specialist. An audiologist and a speech-language pathologist should also be consulted if your child has frequently recurring infections and/or chronic otitis media.

An audiologist's evaluation will assess hearing, even in a very young or uncooperative child. A speech-language therapist will determine if your child's speech and language skills are age-appropriate.

HOW IS MIDDLE EAR INFECTION TREATED?

The key to treatment is restoring Eustachian tube function. Acute otitis media can be treated with antibiotics. Otitis media with effusion can be treated by waiting for the fluid to go away ("watchful waiting"), as for many children fluid will go away in a few months. This will require regular follow-up appointments with a doctor and audiologist to monitor the middle ears and hearing.

A minor surgery to insert a ventilation tube (grommet) in your child's eardrum is often recommended if he/she has chronic otitis media with effusion or recurring middle ear infections. This surgery is done by an ENT specialist. Most grommets extrude themselves in time and strict water avoidance is not necessary. Talk with your child's doctor about what is best for your child. It is very important to reassess your child's hearing following medical management to ensure that it is within normal limits.