



St. Vincent Physician Network

Everything You Wanted to Know About Ear Infections

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What is Otitis Media?

Otitis media, an inflammation of the middle ear (behind the eardrum), is one of the most common illnesses of childhood. There are two different types of otitis media. Either can occur in one or both ears. Acute otitis media, which is also called an ear infection, is an infection of the middle ear. Fluid in the middle ear may remain even after an infection is gone.

Otitis media with effusion, also called middle ear fluid, is fluid that is not infected. When a child has a cold, a small tube between the ear and the throat can become blocked, causing fluid to build up in the middle ear.

Most children will have at least one episode of otitis media by one year of age. And 10–20 percent of children will have otitis media three or more times, with fluid lasting an average of one month each time. Persistent ear fluid is more common in children under two years, but it can be seen in children older than two.

The middle ear space behind the eardrum usually contains air. When there is fluid in this space, it can cause the bones in the middle ear not to vibrate properly. This may cause a mild, temporary hearing loss. The mild hearing loss lasts until the fluid is gone. Because this can happen when your child is learning to speak, families and health care providers may have concerns. If there are concerns, a hearing evaluation and/or speech and language evaluation may be appropriate.

What are signs of Otitis Media?

- Child pulls on ear
- Child says ear hurts
- Drainage from ear
- Fever (acute otitis media)
- Irritability
- Poor sleep

A child may have all, some, or none of these symptoms and still have otitis media. Otitis media frequently occurs when a child has a cold. When a child has otitis media with effusion, most of the time there are no

symptoms. Ear infections are best detected by your child's health care provider. Contact your health care provider if you think your child may be sick.

How is Otitis Media treated?

Acute otitis media (ear infections) can be treated by:

- Antibiotics prescribed by your child's health care provider. Medicine should be given until it is gone. Fever and pain should decrease within two days.
- Surgery to put a tube in a child's ear if your child has a lot of ear infections. This surgery is done by an ear, nose, and throat doctor. This tube allows air to enter the middle ear space. This, in turn, helps the lining of the middle ear return to normal and helps prevent new infections. The tube generally stays in place for six to twelve months and falls out by itself.

Otitis media with effusion (fluid) can be treated by:

- Waiting for the fluid to go away. For 60–80 percent of children, middle ear fluid will go away by itself in three months. For 85 percent of children, fluid will go away by itself in six months. A health care provider should check a child's ears regularly during this period.
- Antibiotics may help reduce middle ear fluid in a small number of cases.
- Surgery to put a tube in the child's ear if fluid continues for four to six months in both ears.

Talk with your child's health care provider about these treatments. It is important to keep follow-up appointments.

How can Otitis Media affect hearing?

When a child has fluid in the middle ear, the fluid reduces sound traveling through the middle ear. Sound may be muffled or not heard. Children with middle ear fluid will generally have a mild or moderate temporary hearing loss. (It's as if you plugged your ears with your fingers.) However, some children have no change in their hearing.

Mild Hearing Loss—A child may not hear or may hear very faintly the soft sounds at the beginnings and ends of words, such as the “s” in “sun” and the “t” in “cat,” and words spoken quickly such as “and.”

Moderate Hearing Loss—A child may have trouble hearing most speech sounds, and may have trouble with short, softly spoken words and word endings. It's important to know that some children with otitis media have no loss of hearing. A hearing loss due to middle ear fluid should go away once the fluid is gone.

How can I recognize if my child has a hearing loss?

- Having difficulty paying attention
- Showing a delayed response or no response when spoken to
- Saying “huh?” often
- Not following directions well
- Turning up sound on radios, TV, CDs
- Withdrawing from other children
- Being over-active or uncooperative

Children with temporary hearing loss may show all, some, or none of these behaviors. These behaviors may be different at each age. It is often hard to tell whether a child has a hearing problem or whether the child is just acting a certain way because of age or temperament. If you are not sure, ask your health care provider for help.

What can I do if I am concerned about my child's hearing?

If your child's response to sound seems different or inconsistent, you should request a hearing evaluation to check your child's hearing. Children as young as newborns can have their hearing tested. Health care providers can screen hearing. When a child fails a hearing screening, you should take the child to an audiologist for a hearing evaluation. The audiologist specializes in diagnosis and treatment of hearing loss.

How may language learning be affected by Otitis Media?

During the first three years when children have the most problems with otitis media, they are learning to speak and understand words. Children learn to do this by interacting with people around them. It may be harder to hear and understand speech if sound is muffled by fluid in the middle ear. Some researchers report that frequent hearing loss in children with middle ear fluid may lead to speech and language difficulties. However, other researchers have not found this to be true. Researchers are still studying this. In the meantime, it's best to pay special attention to the language development of children who have middle ear fluid.

What can I do if I'm concerned about my child's speech and/or language development?

When you have concerns about your child's language development, talk to your child's health care provider. A speech-language pathologist specializes in diagnosis and treatment of speech and language problems.

How can I help my child who has persistent middle ear fluid?

These suggestions will help all children stay healthy. They may be especially important for children who tend to get ear infections and ear fluid.

- Wash child and adult hands after blowing noses or going to the bathroom. This will fight the spread of germs.
- Clean toys that have been in a child's mouth before another child plays with them.
- Follow directions for giving medicine so that it is given on time and for the entire time that is recommended.
- If possible, breastfeed for at least the first four to six months of life to reduce the chance of otitis media.
- Bottle-feed in an upright or slightly leaning position. Cuddle the child in your lap with his head raised up. A child should not be put to bed with a bottle. A bottle should not be propped in bed. Those practices may cause the liquid from the bottle to go up a small tube leading to the middle ear, causing middle ear fluid.
- Keep children away from smoke. Cigarette smoke increases a child's chance of middle ear disease.
- If possible, put children in small rather than large groups of children. Colds pass more easily in large groups, and colds in young children can lead to middle ear fluid.

Courtesy of the [National Center for Early Development & Learning](#)