

Ear Infections

If your child has recurrent ear infections, consider using a home sitter instead of daycare. Also, consult your family doctor about:

- Eliminating or treating allergies
- A pneumococcal vaccine to protect against the most common bacteria responsible for ear infections



Otitis media is an infection of the middle ear. It is a leading cause of visits to the doctor by children aged 6 months to 6 years. It is a common problem in children since they develop more respiratory infections, and their eustachian tubes (canal that connects the middle ear to the upper throat) are shorter and have less of



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Guardian



a slope. This means that fluid is less likely to drain and more likely to accumulate, resulting in the perfect breeding ground for microorganisms that cause infections.

Transmission

Since it often accompanies a cold or the flu, otitis media occurs more frequently in winter when respiratory ailments are at their height. Sharing toys and sneezing are just some of the ways infection-causing microorganisms are spread.

Children in daycare are at increased risk since exposure is greater.

Symptoms and Diagnosis



Diagnosing an ear infection in a child is not always easy. Signs to look for include pulling on the ear, fever, crying when feeding, and hearing loss. Signs can be misleading however, since irritability, fussiness, loss of appetite and sleeplessness are not uncommon in children.

A doctor can diagnose otitis media by using an otoscope, a lighted device with a magnifying glass. With this, the doctor looks for signs of infection including redness, swelling, and pus. Occasionally, the infection can cause the eardrum to rupture, resulting in a perforation. In rare instances, chronic otitis media can lead to hearing loss.

Treatment

The goal of treatment is to alleviate pain, treat the infection, and prevent complications. Acetaminophen is used to relieve pain and fever, and antibiotics are prescribed for the infection. A course of antibiotics usually lasts about 10 days. While most children feel fine after 2 to 3 days, the antibiotic treatment must be completed or the infection will not go away. On occasion, the infection-causing bacteria are resistant and do not respond to standard antibiotic therapy. In such cases, another course of treatment must be completed, but with a different antibiotic.

Children who have chronic ear infections may benefit from a myringotomy, a surgical procedure that creates a small opening in the eardrum to insert a tiny tube that increases fluid drainage. It often does the trick and breaks the cycle.

Prevention

Some children never get ear infections, while others develop them regularly.

To help reduce the risk of ear infections in children:

- Breastfeed
- Make your home smoke-free
- Wash hands carefully and frequently, especially during cold and flu season
- Never let a child feed while lying down