



Ear Infections

Fact:

In most ear infections, the culprit is a virus.

Fiction:

Ear infections may be common, but it's a myth that they aren't serious.

Prevention:

Avoid secondhand smoke to help prevent attacks.

Treatment:

Treatments include surgery to place tiny tubes in the eardrum.

Ear infections do more than steal sleep from sick children—and their parents. They can interfere with learning and even cause permanent damage.

Understanding Ear Infections

An ear infection affects the middle ear, the membrane-lined chamber containing three small bones covered by the eardrum. An inflamed and infected middle ear is often linked to a problem in the throat or Eustachian tube (the passageway between the middle ear and the back of the throat).

The Eustachian tube helps equalize pressure between the throat and the middle ear. But when infection or allergies inflame or block the opening, pressure and fluid can build up. Bacteria can travel up the tube from the throat to this fluid and cause an infection. However, most ear infections are caused by viruses, not bacteria.

Ear infections may be common, but the results can be serious. They can lead to:

- Significant hearing loss
- A hole that won't heal
- An infection of the inner ear
- A tumor in the inner ear
- Rarely, brain injury, facial nerve injury and facial paralysis

Who Has Ear Infections?

Ear infections are the most common illness in children and the second most common illness for adults and children combined.* Before age three, 85% of children will have at least one infection and 50% will have two or more. Ear infections are much less common after age six.

Children experience more ear infections due in part to:

- Their immature immune systems
- Undiagnosed allergies
- Attendance at day care and exposure to other children

Symptoms of Ear Infections

An ear infection may begin a few days after a sore throat. Symptoms include:

- Decreased hearing
- Ear pain (children may rub or pull on the ear)
- Fever or discomfort

When It's an Emergency

More serious symptoms include:

- Vomiting or diarrhea in infants
- Difficulty hearing
- Cloudy or foul-smelling discharge from the ear
- Severe pain, dizziness and facial nerve injury (facial weakness)
- Swelling, tenderness and redness behind the ear
- Headache and confusion

Prevention and Treatment

To help prevent ear infections:

- Avoid rooms with secondhand smoke
- Breastfeed your child if possible
- Have your child immunized with Pneumococcal (PCV) and Haemophilus (Hib) vaccines

Some experts suggest careful bathing and using ear plugs during swimming to keep water out of ears.

For treatment, a primary physician may refer the patient to an otolaryngologist, a doctor who specializes in ears, nose and throat.

Diagnostic tests include a visual exam with a special light called an otoscope. The doctor will look for a red and/or bulging eardrum, and observe whether the eardrum moves. Swelling behind the eardrum may stop the movement required for hearing. The doctor may also do X-rays, scans and hearing tests (audiograms).

If the inner ear fails to drain, decongestant may be used to keep the Eustachian tube open. Antibiotics may be prescribed for a bacterial infection, and may even be administered intravenously for serious infections. Once treated, ear infections tend to improve within a few days, although fluid may not drain fully for weeks.

If infections recur frequently, insertion of ear tubes (a myringotomy) may be considered. In this surgery, a doctor inserts a small plastic tube into the eardrum. For children, this may be done under anesthetic as an outpatient procedure; the surgery may be performed in an office under local anesthesia for adults. Generally normal activities can be resumed the next day. As the eardrum heals, the tubes are pushed out of the ears over a number of months.

Things to Consider

Ear tube surgery usually improves hearing, reduces pain, and prevents fluid buildup and even some ear infections. As in any surgery, ear tube surgery carries some risk of complications:

- The eardrum scars about half the time, although this usually doesn't affect hearing over the long term
- The patient needs to keep water out of the ears
- 13% of patients have persistent discharge, and up to 30% need repeat surgery
- Permanent eardrum perforation can occur in about 1% of patients
- Sometimes the tubes don't push out, or they push in deeper and need to be surgically removed

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