Otitis Media

**Definition:** The disease occurs following a viral infection of the upper respiratory tract. A viral infection of the upper respiratory tract disrupts the function of the Eustachian tube, and thus the infection progresses through the Eustachian tube to the middle ear, causing otitis media.

**Types of Otitis:**

- **Acute otitis media:** Usually an acute bacterial infection with an upper respiratory tract infection.
- **Acute recurrent otitis media:** If acute otitis media occurs three or more times in 6 months or 4 times or more in a year, it is recurrent.

**Symptoms of AOM:**

Includes ear pain, fever (but in some cases without fever), runny nose and cough, and hearing loss. It may be asymptomatic in a few months old babies. In this case, the baby cries a lot and it is often a sign of earache and AOM.

This infection is more common in children than in adults because the Eustachian tubes, which connect the middle ear to the throat, are narrower in children than in adults, and also middle ear secretions are not evacuated in children.

**Acute Otitis Media:**

The presence of fluid in the middle ear, which is associated with acute signs and symptoms of the disease at the site (such as earache, secretions from the middle ear, swelling of the tympanic membrane) and fever.

**Resistant Otitis Media:**

Otitis media with secretion: In this disease, middle ear secretions continues after 6 days of after a course of antibiotic treatment for acute Otitis Media, and may last some weeks or months.

**Recurrent Otitis Media:**

Occurrence of at least 3 periods of acute otitis media in 6 months or 4 periods of acute otitis media in one year.

**Underlying factors:**

- Exposing to ambient cigarette smoke.
- Having a history of ear infections, recurrent colds
- Going to kindergarten.
- Being born prematurely or underweight
- Sleeping with a glass bottle or using a pacifier.

**Clinical symptoms:**

These symptoms in a child may indicate that he or she has a middle ear infection:
- Pain that may cause the baby being restless, touching and pulling the ear.
- Restlessness during feeding, or crying when the baby is asleep.
- White or yellow secretions from the ear that may have an unpleasant odor.
- Fever, which is usually between 37 and 40 degrees Celsius.
- Hearing loss is very common in children and is most common from 6 months to 3 years old.

You can give your child painkillers such as acetaminophen or ibuprofen to relieve the pain. Do not give aspirin to your child (taking aspirin increases the risk of Reye's syndrome). Putting a warm pillow on the baby's ear also helps to soothe him/her. Ear drops may also be prescribed for the child. In children with recurrent ear infections, tubes may be implanted in the ear by surgery to reduce the accumulation of fluid in the middle ear, which causes the infection.

**Goals and Treatment:**

Controlling pain, eradicating infection, preventing complications, preventing the recurrence of infection, preventing unnecessary antibiotics and reducing treatment complications.

Antibiotics are not recommended for the initial treatment of otitis media with secretions. Amoxicillin is still the first line of treatment against Streptococcus pneumoniae and is effective against most Haemophilus influenzae in the middle ear. Drugs that affect beta-octamase inhibitors include coamoxicillin, cotrioxamazole, erythromycin / sulfis succazol, calitromycin, some second-generation oral cephalosporins, and cefixime.

High doses of amoxicillin, erythromycin, or cotrioxamazole may be effective in treating penicillin-resistant pneumococci, which are now a major problem.

Other alternative medicines may be used in the following cases:

- Patients with acute otitis media who are allergic to penicillin.
- If acute otitis media occurs 3 to 4 weeks after a previous acute otitis media.
- Observation of symptoms of resistance to amoxicillin after 72 hours.
- Otitis media with severe earache.
- Children under 6 months with high fever.
- Patients with weakened immune systems.

If you have any questions or ambiguities, call the following number:

023-33460077, Pediatric ward of Amir-al-Momenin Hospital.