Middle Ear Infection in Children

**Definition:** Middle ear infection is an acute bacterial infection with upper respiratory tract infection.

More than 80% of children have experienced a period of middle ear infection or inflammation by the age of three. Ear infections are the most common cause of hearing loss in children and can be difficult to accurately diagnose in infants and young children. Breastfeeding and not smoking at home reduce the risk of ear infections. If a child presses an object into the ear or the child cries too much, there is a possibility of an ear infection, which may continue for several days and heal on its own. Analgesics and antibiotics are among the medications used to treat this disease.

The infection develops in the structure of the ear and spreads to the lower parts and throat, usually following a cold, sore throat, and other common infections.

**Clinical symptoms:**

These include earache, fever, (in some cases no fever), runny nose, cough, and hearing loss.

Unfortunately, babies who are several months old cannot speak to tell us why they are upset.

The presence of 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 its most common occurrence is from 6 months to 3 years old.

**Predisposing factors:**

- Season: Most prevalent in winter
- It is more common in children with congenital diseases
- Race: More common in whites.
- Age of first infection: The younger the age of initial infection, the more severe and resistant the disease is and the more likely it is to recur.
- Gender: More in boys

**What children are more infected to this disease?**

- Exposing to cigarette smoke
- Having a history of ear infections, recurrent colds with a family history of ear infections
- Going to kindergarten
- Premature or underweight baby at birth

**Treatment:**

Most infections improve in a few days without treatment. The medications used in this infection are at the discretion of the doctor, analgesics and antibiotics.
Medication and home care:

- Analgesics: Used only to relieve pain:
  
  Ibuprofen: Among the important side effects of this drug: weakness and lethargy / vomiting / stomach pain after taking the drug. Remember to give this drug to the child after a meal and with a full stomach.
  
  Acetaminophen: Use acetaminophen syrup or drops as directed by your doctor.

Putting a warm pillow or towel on the baby's ear will help relieve the pain. Your doctor may also prescribe ear drops to your child. In children with recurrent ear infections, tubal surgery may be implanted in the ear to help reduce fluid accumulation in the middle ear that is causing the infection.

To drop the ear drops in children under 3 years old, pull the earlobe down and back to open the ear canal.

And in children over 3 years old, it is better to pull the earlobe up and back so that the ear canal opens well.

Note: Most physicians are very cautious about prescribing antibiotics because overuse can lead to antibiotic resistance and ineffectiveness in the future, but in recurrent infections, antibiotics are prescribed over one year for several months without interruption.

In case of restlessness and earache, it is recommended to refer to a doctor and not to use painkillers arbitrarily.

Breastfeeding and not smoking at home reduce the risk of ear infections.

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

023-33460077, Pediatric ward of Amir-Al-Momenin Hospital