Your Child and Acute Otitis Media

Introduction

This booklet has been written to help you learn about

- Acute Otitis Media
- The symptoms of Acute Otitis Media
- The treatment of Acute Otitis Media

What is Acute Otitis Media?

Acute Otitis Media, one of the most common illnesses of childhood, is an infection or inflammation of the middle ear – the space located just behind the eardrum. During the course of infection, fluid frequently collects in the middle ear space and pushes against the eardrum, creating a feeling of pain and pressure.

In Acute Otitis Media, the illness begins quickly. Fortunately, recovery following treatment is generally rapid as well.

If your child has Acute Otitis Media, you’re not alone. One child in two has had at least one bout of the illness by age one. Over 80% of all children will experience the disease at least once by the time they reach their third birthday.

Understanding Acute Otitis Media

The Eustachian (you STAY shun) tube is an open airway connecting the middle ear to the throat. It allows air to move in and out of the middle ear space.

When the Eustachian tube becomes blocked or swollen, air flow is impaired and fluid can collect in the middle ear space, causing pain and discomfort.
The reason young children get Acute Otitis Media is directly related to the slope, size, and rigidity of the Eustachian tube.

**Comparison of Eustachian tubes in Adults and Children**

| In Adults, The Eustachian tube slopes downward and is fairly rigid. The rigidity helps keep the tube open, so air constantly moves through it. The slope helps fluid drain away from the middle ear | In Children, The Eustachian tube is horizontal rather than downward sloping, and lacks rigidity. Air movement and drainage are both more difficult. The resulting warm, moist space is an ideal reservoir for bacteria. |

**What causes Acute Otitis Media?**

Acute Otitis Media is frequently associated with upper respiratory infections such as colds or the flu. Children with allergies are also likely candidates for ear infections.
Other factors that have been shown to increase a child’s chances of getting Acute Otitis Media include:

- Baby lying flat during bottle feeding. In this position, formula may enter the middle ear and cause irritation. To help keep this from happening, always keep your baby’s head slightly upward during feeding.
- Second-hand cigarette smoke.
- Day care center attendance.

By reducing your child’s exposure to these risk factors, you can help reduce his or her chances of developing Acute Otitis Media.

**What are the symptoms of Acute Otitis Media?**

The following symptoms are all telltale signs of Acute Otitis Media. Your child may have one or many of these symptoms. Call the doctor if your child shows any of these symptoms:

- Ear pain
- Pulling or rubbing of the ear
- Irritability
- Fever
- Weakness and lack of interest in activity
- Vomiting
- Loss of appetite
- Temporary loss of hearing

Children with Acute Otitis Media will often run a high fever and be in severe pain.

**What to Expect at The Doctor’s Office**

The doctor will examine you child’s ears with an instrument called an otoscope. The illustration below shows what the doctor sees when he looks in the ears of a child with Acute Otitis Media. The infected eardrum is read and bulging from the fluid collected in the middle ear cavity.
Your doctor may also examine your child’s ears with an instrument called a tympanometer. This device measures the pressure behind the eardrum.

**How is Otitis Media Treated?**

Because Otitis Media is frequently caused by bacteria, in most cases it can be effectively treated with antibiotics. But be sure to follow your doctor’s instructions exactly.

Although your child may appear well after a day or two, infection may still be present. Continue the antibiotic as long as recommended by your doctor. In addition, your doctor may recommend pain relievers or other medications.

Once treatment is completed, discard any leftover medication promptly.

If your child hasn’t improved within a few days, call your doctor.

*This booklet is provided as an educational service by the Pharmaceutical Products Division and the Ross Products Division of Abbott Laboratories.*