



الشراكة الطلابية

مشروع التثقيف الصحي Health Education Project

Otitis Media

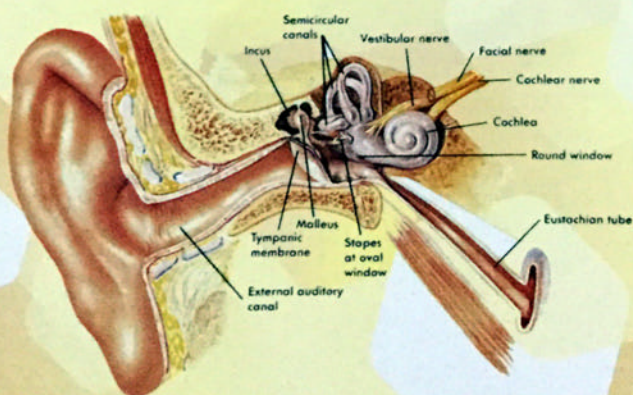


What is otitis media?

It is a medical term for inflammation of the middle ear and eardrum, usually due to bacterial infection following upper respiratory tract infection. This disease is one of the most common infectious diseases especially in the preschool age.

Middle ear anatomy

The middle ear is located directly after eardrum and connected to the pharynx through Eustachian tube. This tube allows fluids drainage from the middle ear to the upper pharynx (nasopharynx) and it helps maintaining the pressure inside the ear.



What are the predisposing factors?

Any one can get otitis media but children are more affected. Studies showed that 85% of children have at least 1 episode of acute otitis media before 3 years of age. The reason of this is that children have shorter, narrower, and more straight Eustachian tube than in adults leading to more accumulation of fluids in the middle ear.

The most important factors leading to otitis media are related to Eustachian tube dysfunction(e.g. upper respiratory tract infection, allergic diseases).

Other factors include:

- * Adenoid hypertrophy.
- * Cleft palate.
- * Down's syndrome.

What are the signs and symptoms?

The classical presentation of otitis media is fever with earache, but this is not always happens, especially that young children can't describe what they exactly feel. So we have to look for other signs of otitis media like:

- Fever
- Pulling the ear
- Irritability and unusual crying
- Sleeping disturbances

What are the complications of otitis media?

Delayed treatment can lead to complicated otitis media. The most important complications are:

- Hearing loss.
- Perforation of eardrum (tympanic membrane).
- Chronic otitis media with effusion (glue ear).
- Meningitis.

What is the treatment?

Conservative treatment: if there is no pain and the baby is generally feeling well, and if the cause of inflammation was viral infection, the treatment is mainly by observation.

But unfortunately most of the infections are bacterial which needs antibiotic treatment.

Antibiotic treatment

The usual antibiotic prescribed is (amoxicillin) which is given orally for 5–10 days. Other antibiotics can be used as alternatives in case of penicillin allergy or amoxicillin failure.

If no improvement after 2–3 days, seek a medical advice.

Surgical treatment

Indicated in :

- Recurrent otitis media (more than 3 times in 6 months).
- Persistent chronic otitis media with effusion or glue ear (more than 3 months).
- Craniofacial anomalies predisposing to otitis media (cleft palate).

The surgery is called Myringotomy by making a small incision in the eardrum (tympanic membrane) to allow fluids drainage and relief the pain. Some surgeons advise to place a tiny tube in eardrum to help treating recurrent otitis media and glue ear.



a small incision is made in the tympanic membrane



Tube inserted to drain fluid

How it can be prevented?

- **Vaccinations:** some vaccinations are available that can prevent upper respiratory tract infections and thus preventing acute otitis media (e.g. influenza vaccines).
- **Breastfeed your child:** because breastfeeding seems to offer some protection against otitis media.
- **Avoid feeding the baby while he/she is in the supine position:** because the milk may get into the middle ear through the Eustachian tube making a good media for bacteria.
- **Avoid rooms with secondhand smoke.** because environmental cigarette smoke increase a child's risk of ear infections.

For more info please visit : www.hep-ksu.info or contact : 014786100 ext 1422

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