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EAR INFECTIONS

According to some studies, 70% of all children will have an acute ear infection (Otitis media) by age three, and 33% will have at least three infections. Studies also show that about half of school-age children will have a new cold every three to four weeks. The peak age range for ear infections is 6 to 24 months, but they continue to be a common childhood illness until about 8 years of age

A middle ear infection is generally a complication of a simple cold. The virus causing the cold is not treatable. It causes congestion of the Eustachian tubes (the passage connecting the middle ear and the back of the throat that the body uses to equilibrate middle ear pressure). Even when we temporarily dry the nose with decongestant and antihistamines, we know the Eustachian tubes stay blocked. In fact, some studies show that children with colds are more likely to get an ear infection if they are taking cold syrup. In younger children, the tubes are shorter and straighter, making them more susceptible to infection.

Although some of the middle ear infections are caused by the cold virus, most are caused by common bacteria, which multiply in the blocked, undrained middle ear space. The pain is due to pressure in the space behind the eardrum from trapped, infected fluid.

The symptoms of an infection may be obvious. A child may complain of ear pain, have ear drainage, or pull, poke, or scratch at the uncomfortable ear. There may be a fever, but not always. Symptoms (especially is the youngest children) may be more subtle, with fussiness, irritability, fever, persistent cold symptoms, decreased hearing, increased night crying, or even vomiting or diarrhea. Children with uncomplicated colds will sometimes have fever for one or 2 days; if a fever lasts into the fourth day or is rising after 48 hours, or fever/fussiness suddenly occurs at the tail end of a cold, think about having your child's ears checked.

The diagnosis of ear infection is made by a doctor looking through the ear canal at the ear drum with an otoscope. It is important to do this exam before starting medicine, to determine whether there is a real need for treatment, to determine whether there is an outer vs. middle ear infection, to determine of the eardrum itself is intact and ok, and to make sure there's nothing else going on that requires attention.

Children with certain structural abnormalities (like cleft palate) , or with allergies, or exposed to cigaret smoke, or with strong family history of ear infections, or under four years old, and children fed with a bottle in a lying-down position, are more likely to get ear infections. Once there's been an infection, there may be an increased risk of another.
If you want to reduce the chances of your child getting an ear infection, avoid allowing him or her to lay down horizontally with a bottle, and avoid second-hand smoke (please !!).

About 10% of ear infections get better on their own. Unfortunately, it's almost impossible to predict which ones will. For that one in ten, any remedy would seem to work; sometimes we choose to wait for 2-3 days and re-check the ears without any treatment, but usually antibiotics are given.