

Ear Infections and Children

Part II Treatments for repeated ear infections



It is normal for children to have several ear infections when they are young—even as many as two separate infections within a few months. But, if your child has one ear infection after another, you may want to talk about other treatment options with your pediatrician.

Preventive treatment

With preventive antibiotic treatment, your child is given antibiotics for a long period of time to prevent ear infections from developing. These drugs are usually prescribed at a low dosage and taken once or twice a day. Although your child may still get ear infections while taking the antibiotics, they may occur less often. However, there is increasing concern that such antibiotic use may promote the spread of more dangerous antibiotic-resistant bacteria. Your pediatrician is the best judge of whether the benefits of this type of treatment outweigh the risks in your child's case.

Surgically inserted tubes

Another type of treatment for preventing repeated ear infections is an outpatient operation in which tubes are inserted through the eardrums. Tubes may also be used in cases of otitis media with effusion that last longer than 3 months and include some hearing loss. In this procedure, a small cut is made in the child's eardrum and fluid in the middle ear is drained out. Then a tiny plastic tube is fit into the slit. The tube acts as a ventilator, allowing air to get into the middle ear. This lessens the risk of harmful bacteria becoming trapped in the middle ear and causing another ear infection.

The tube is inserted using anesthesia in a surgeon's office or a hospital. Your pediatrician will decide whether to refer you to an ear, nose, and throat doctor (otolaryngologist) based on the following factors:

- how long your child has had fluid in his or her ears
- the number of recent ear infections your child has had
- failure of other treatments
- a significant hearing loss or other middle ear symptoms
- the age of your child

Most tubes come out of the eardrum on their own, between 6 to 18 months after they are put in. While the tubes are in, they do not require any special care. A child who has ear tubes, however, should not put his or her head under water when swimming.

Although repeated ear infections can be frustrating for you and your child, they are usually only a temporary problem and will likely improve as your child gets older. Most children stop getting ear infections by the time they are 4 years old.

Ear Infections and hearing loss

Children who have had several ear infections may be more likely to suffer hearing loss. If your child is younger than 3 years of age and his or her hearing loss has lasted for more than 6 weeks, see your pediatrician. Long periods of hearing loss from an ear infection, although rare, may cause delays in speech and language development. This is especially critical in the first years of life when your child is learning to talk.

Hearing tests

In most cases of severe hearing loss, ear infections are not the cause. You should talk to your pediatrician about a hearing test if at any time you have doubts that your child may not be hearing normally. It is important to detect hearing loss as early as possible. Your child can have a hearing test at any age. Other health professionals may be involved in the testing. An audiologist will check to see how severe any hearing loss might be. A speech and language pathologist will test your child's speech and language skills and can recommend any special programs to help your child, if needed.

Your pediatrician may also suggest a hearing test if your child has had:

- repeated ear infections (more than 4 in a year)
- hearing loss for 6 weeks or longer
- middle ear fluid for more than 3 months

As a parent, you are the best person to recognize signs and symptoms in your child that suggest possible problems with hearing. Be sure to get treatment as soon as possible to help prevent any complications.

What if fluid remains in the middle ear?

If fluid stays in the middle ear for more than a few months, it may lead to repeated ear infections and can affect your child's hearing. If your child has had middle ear fluid in both ears for 3 months or longer, he or she should have a hearing test. Your pediatrician may refer your child to an ear, nose, and throat doctor (otolaryngologist) for further evaluation. He or she will let you know what treatment is needed.

Most ear infections that develop in children are minor. They are bothersome and uncomfortable, but they usually clear up without causing any lasting problems. It is important, however, that you contact your pediatrician at the first sign or symptom of an ear infection so that he or she can monitor the ear infection, decide when to check your child, and prescribe treatment, if necessary. If ear infections keep occurring or do not clear up on their own, they can cause other problems that may permanently affect your child's hearing and possibly speech. With proper care and treatment, ear infections can almost always be managed successfully.

The information contained in this publication should not be used as a substitute for the medical care and advice of your pediatrician. There may be variations in treatment that your pediatrician may recommend based on individual facts and circumstances.

From your doctor



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