



Central West Specialists

Ear, Nose & Throat Specialist

MIDDLE EAR DISEASE IN CHILDREN

Middle ear disease affects most children to some degree. It can present as recurring earaches, poor hearing and occasionally delayed speech.

It is most common up to the age of five or six and less common in older children

Causes

Poor middle ear ventilation is the main problem. This results in mucus build up (glue ear) or germs invading, (acute ear infection).

Poor middle ear ventilation occurs with:-

- Colds
- Parental smoking
- Family tendency
- Young age
- Adenoid disease (sometimes)
- Poor diet

It is more common in children with large families or those in day care.

Treatment

Acute middle ear infections

Antibiotics are helpful if the child is very sick. Milder cases often resolve within a day or so without the need for these medications. Panadol helps reduce pain and fever. Auralgin eardrops help reduce earache.

Glue Ear

This collection of mucus causes reduced hearing. It is often mild. Most cases resolve without any treatment within three months.

If it lasts for many months, it can cause problems with schooling and language development.

There is at the moment no effective medication for glue ear.

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Grommets

These are indicated in the small minority of children who have either:-

1. Severe recurring middle ear infections not responding completely to antibiotics, or
2. Persistent glue ear over several months which may be affecting the child's schooling or causing language problems.

Grommets ventilate the middle ear allowing the area to function more normally. Insertion requires a short general anaesthetic and a few hours in hospital after the operation. Some mucus or old blood may be visible in the ear after the operation. It usually settles after a few days.

The ears **have to be kept dry**. Water contains germs which can cause ear infection and discharge. Ear plugs, plus cap or head band, are therefore needed for swimming. For the bath, ear plugs or fingers can plug the ear canals for hair washing.

Infection may occur which may produce pus or blood from the ear canal. It is not serious but will need treatment in the form of eardrops (Sofradex or Ciproxin), and sometimes oral antibiotics. Sofradex can be used for up to five days if the ear is discharging, but no longer than this. Sofradex can cause mild hearing loss if used for prolonged periods. The risk of this is low.

Grommets will normally come out of the ear drum between twelve and eighteen months. This is a painless process. The grommets are then carried out of the ear canal very slowly by the skin. Ear problems may recur and another set of grommets may be needed. Some children require several sets. This can be quite frustrating for families but it is uncommon.

Sometimes the grommet will come out of the drum and leave a small perforation. This is more likely if the child has had many years of ear disease. Some of these small holes will eventually heal but others will require a graft to heal the ear drum. This is not common.

Post operative visits are not frequent but are important. The first post operative is within the first four weeks and then every eight months until the grommets come out. If problems arise over this period, or there is any concern about the child's grommets, they can of course be checked at any time, or a problem may be sorted out over the phone, if the patient is a great distance away.

HEARING TESTS IN CHILDREN

It is definitely worthwhile getting a hearing test for your child if you are concerned about their hearing. Some children with middle ear disease can also have a nerve deafness which may not be entirely obvious. A hearing test can be arranged through your local district hospital or the Australian Hearing Centre which is based in Orange and Dubbo.

Please Note: Ear disease in children may fluctuate. If your child's ear symptoms settle while on a waiting list for grommet insertion, please have them checked before proceeding with surgery.

Revised March 09 by Dr Peter Bryan

File: information sheets\glue ear (middle ear disease in children)

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