



WHAT IS ACUTE OTITIS MEDIA?

Acute Otitis Media or AOM is the term used to describe middle ear infections. They are common in children and often occur in association with a cold.



AOM SYMPTOMS INVOLVE SOME OR ALL OF THE FOLLOWING:

- ✓ ear pain, pulling at the ears, rubbing the ears, ear discharge,
- ✓ fever or unwell
- ✓ runny nose
- ✓ the ear canal has a blood stained discharge

Sometimes the ear drum bursts (perforates) and the ear canal has a blood stained discharge. Usually this relieves the ear pain. Most ear infections are successfully treated by a GP.

HOW IS AOM TREATED?

Most cases of AOM are viral, so for most patients active observation is advised for the first 48 hours of symptoms. Exceptions to this are children <1yo, patients with severe symptoms, particular medical conditions and patients suffering from complications of AOM.

If symptoms persists longer than 48 hours, then your GP should start antibiotics. This treatment usually lasts 7 -10 days. If the ear is also discharging i.e. wet or moist, then antibiotics ear drops (ciloxan) are needed.

If the infection does not get better with your GPs treatment, if there are recurrent infections, or if there are complications, then discuss with your GP a referral to an ENT surgeon.



WHAT HAPPENS IF THE EAR DRUM BURSTS (PERFORATION)?

It is common for the ear drum to burst during an ear infection. This is a result of the pressure building up behind the ear drum and finally the ear drum bursts. This relieves the pressure and thus the pain. Often there is a blood stained discharge in the ear canal. The ear drum usually heals within a few days. Occasionally the ear drum doesn't heal and can continue to discharge. This should be seen by an ENT surgeon.





WHAT HAPPENS IF AOM DOES NOT GET BETTER?

- 1** Progressive infection with ear pain and fevers. The infection could spread to “deeper” with in the ear to the mastoid air cells and become mastoiditis (redness and swelling behind the ear). Other complications may occur such as facial palsy, meningitis (infection around the brain), inner ear infection.
- 2** The ear drum bursts (perforation). Usually this improves the infection by releasing the pus behind the ear drum.
- 3** The ear drum bursts (perforation) and the infection continues to discharge through the hole. The pain and fevers settle, however the discharge becomes chronic. This is referred to as Chronic Suppurative Otitis Media.
- 4** The acute infection settles, however the middle ear remains full of fluid. This is called Otitis Media with Effusion (OME) or “glue ear”. This results in the sensation of blocked ears and hearing loss.

WHAT IS “RECURRENT AOM”?

Recurrent AOM is defined as 3 episodes of AOM in 6 months or 4-6 episodes in 12 months. Frequency of AOM may be reduced by prophylactic low dose antibiotics, vaccination, avoiding smoking in the home, continued breast feeding until 12 months of age, avoidance of daycare and adequate nutrition. If this is not applicable or practical, then the insertion of grommets is an option that may be offered by an ENT surgeon.

