

Battling Ear Infections

“Other than wellness checkups, the most common reason children visit their pediatrician is for an ear infection, otherwise known in its proper medical term as *otitis media*,” says Rajiv Pandit, an ENT (Ear, Nose and Throat) surgeon in Waxahachie.

Otitis media is the inflammation of the middle ear. The inflammation occurs as a result of a middle ear infection. The middle ear is an air-filled cavity that is right behind the ear drum. When the ear drum vibrates, tiny bones in the middle ear also vibrate and transmit the sound signals to the inner ear, where nerves transmit the signals to the brain. A little tube, called the eustachian tube, serves to equalize the air pressure between the outside world and the middle ear. For example, when your ears "pop" while yawning or swallowing, your eustachian tubes are adjusting the air pressure in your middle ear.

Bacteria and viruses find their way into the middle ear through the eustachian tube. The eustachian tube connects the throat to the ear, which allows air to reach the ear, keeping it ventilated. According to Dr. Pandit, the eustachian tube also allows bacteria or viruses to creep from the throat to the ear and cause an infection. For that reason, ear infections often appear when a child has a cold, a sinus infection or a sore throat.

There are several factors that also predispose children to catching these infections. For example, eustachian tubes in children are not fully developed and are not as steeply angled as they are in older children and adults. This allows bacteria to move along them more easily. In addition, their immune systems are also immature. They simply have not had time to build up resistance to many germs. A build-up of fluid in the middle ear also may contribute to ear infections. Dr. Pandit discourages parents from giving a baby a bottle while lying flat on their back because liquid can flow from the throat to the middle ear and cause problems.

Some young children often cannot communicate well enough to tell you where it hurts. The following symptoms should alert you for otitis media and ear fluid:

- Pulling or rubbing of the ears
- Fever, nausea or vomiting
- Ear drainage
- Difficulty hearing
- Changes in appetite or sleeping patterns

“See your physician if you suspect that your child has an ear infection. They will examine your child's eardrums with an instrument called an otoscope and may perform

a hearing test. If your child's ears are infected, treatment can begin immediately,” advises Dr. Pandit.

Antibiotics are the most effective treatment for bacterial ear infections. Decongestants are also frequently used in an attempt to open the eustachian tubes and drain the fluid from the middle ear. In some cases the fluid may resolve along with the infection, but because of the marginal function of the eustachian tube, a minor cold or other disturbance may then cause a buildup of fluid and lead to another ear infection.

There are children in whom the repeated use of antibiotics and decongestants does not permanently remove the fluid. In this case, your physician may suggest surgery by an ENT doctor to drain the fluid and to place tiny PE (“pressure equalization”) tubes in the ears. These tubes will allow the air to enter the middle ear and help prevent the fluid from reforming. According to Dr. Pandit, ear tubes greatly reduce the occurrence of future ear infections. The surgery for placing these tubes lasts approximately 15 minutes and is performed with a microscope under light anesthesia. These tubes fall out of the eardrum on their own, on average from 6 months to 2 years later. Moreover, there is no permanent damage to hearing. However, swimming and other water-related activities do require the use of ear plugs to prevent water from entering the middle ear through the tube, which could then lead to an infection.

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