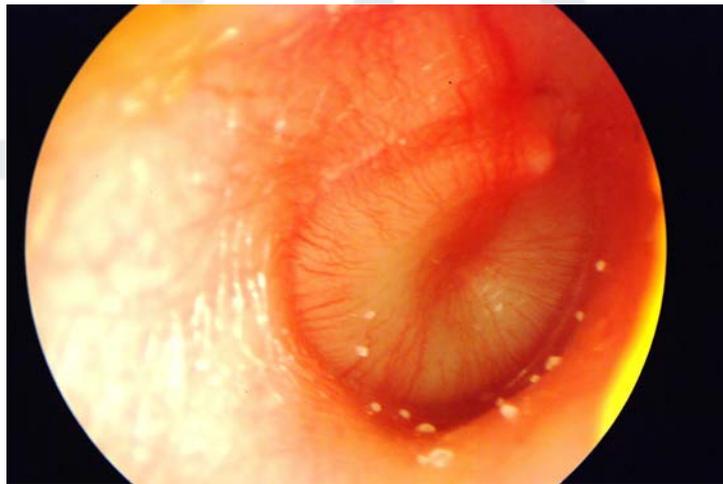


ACUTE OTITIS MEDIA

(AOM, BACTERIAL OTITIS MEDIA)

Bacterial middle ear infections (AOM) are one of the common afflictions of childhood, but also occur frequently in adults. Whilst painful, individual episodes are not commonly dangerous or damaging. Repeated episodes, however, place the sufferer at risk of a range of complications. The use of antibiotics has been challenged in some quarters, partly based on studies undertaken by non-otological centres, where the expertise of diagnosis may be doubtful, particularly in fractious children. In such studies, AOM has often been considered with other conditions where the disease pattern distinctly differs. Where antibiotic care is not readily available for AOM, the complication rate is frequently severe.



Acute Otitis Media. The inflamed drum of an infected middle ear

Characteristics

AOM is a result of upper respiratory tract infection. The middle ear is essentially an extension of the nose; infection in the latter often affects the ear. Viral infections of the nose predispose to bacterial infections. This is particularly the case in infants who are still developing their immunity, which takes until 5-7 years age. Sneezing projects infected air up the Eustachian tube into the ear where the linings are susceptible to the bacteria. Progressive infection builds up pus under pressure causing pain and rupture of the drum. A profuse, often bloodstained discharge from the ear results, often with reduction in pain as the pressure in the

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ear abates. The drum perforation is usually tiny and closes rapidly as healing progresses. The process is accompanied by deafness, possibly fever and general malaise. Prolonged middle ear effusion may result, causing deafness, speech delay, or educational problems.

Treatment

Being a bacterial infection, the condition responds to the appropriate antibiotics. In adults, incising the drum (myringotomy) to relieve the pressure, using topical anaesthetic, alleviates the distress of the condition.

If the condition is severe, repetitive, or ongoing, insertion of a ventilation tube (grommet) is effective by draining the infection, similar to lancing an abscess.

If this is done in children, removing the adenoids eliminates the main source of repeated infections.

Complications

As in other situations, severe or untreated infections may lead to worse events.

Non-healing perforations of the drum are common, leading to chronic infections that require surgical repair. Paralysis of the face may occur. Infection of the mastoid bone behind the ear causes abscess formation, common in bygone years, when hospitals commonly had a “mastoid ward” for such cases. Deeper extension may paralyse the eye, or cause meningitis. Total deafness from the latter may necessitate cochlear implantation.

Acute otitis media should not be considered a simple childhood problem. Prompt treatment and then follow up to check for deafness are advisable.

More Information

- [Acute Otitis Media](#)
- [Middle Ear Infections](#)

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