

OTITIS MEDIA

Episode 42.1

EPIDEMIOLOGY / DEFINITIONS

- 2nd most common illness in children

OME

Otitis media with effusion - non-infected fluid collection.

Typically follows AOM

AOM

Acute otitis media - rapid onset effusion, associated middle ear inflammation. Peak 6-12 mo. Host and environmental risks

MEE

Middle ear effusion - sporadic, with no signs of inflammation

SIGNS AND SYMPTOMS

- Retracted TM in OME



- Bulging TM in AOM



- Reduced or immobile TM on pneumatic otoscopy with MEE, AOM, scarring or perforation

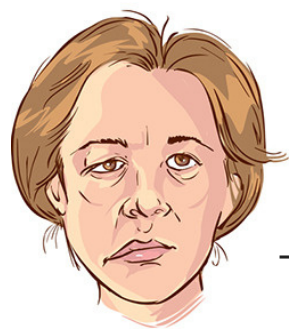
Complications of untreated disease:

Extracranial (intratemporal)

- Mastoiditis
- Labyrinthitis
- Facial paralysis

Intracranial

- Subdural abscess
- Meningitis
- Thrombophlebitis



MANAGEMENT / PREVENTION

- Breastfeeding, avoid supine bottle feeds (GERD), no tobacco smoking in household, vaccinations up to date

MEDICAL TREATMENT OPTIONS FOR AOM

Watchful waiting if:

- 1) afebrile
- 2) non-toxic
- 3) parents reliable to recognize serious disease to return for ABx in 72 hrs



Antibiotics immediately if:

- 1) < 6 mo.
- 2) immunodeficient
- 3) severe illness / treatment failure (relapse in 30 days)
- 4) syndromic child



- Rx: amoxicillin 75-90 mg/kg/day x 5 days

For allergy: azithromycin 10 mg/kg/day x 1 day, then 5mg

- May need myringotomy tubes with tympanocentesis if recurrent AOM or persistent MEE