

Les infections de l'oreille sont-elles fréquentes ?

L'infection de l'oreille moyenne, ou otite moyenne, est la maladie la plus courante nécessitant un traitement médical chez les enfants de moins de 5 ans.

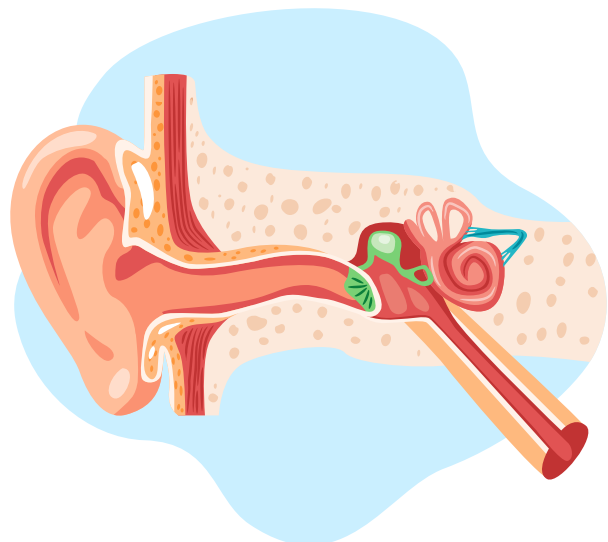
Contrairement à une croyance populaire, l'otite moyenne n'est pas liée à la natation ou à la présence d'eau dans les oreilles.

Quels sont les facteurs de risque de développer une infection de l'oreille ?

- Rhumes fréquents
- Fréquentation d'une garderie
- Fumée dans la maison
- Biberon au lit
- Sucettes
- Frères et soeurs souffrant fréquemment d'otites
- Enfants non vaccinés

Pourquoi les enfants sont-ils si sujets aux otites ?

La trompe d'Eustache est la connexion entre l'arrière du nez et l'oreille. Son rôle est d'équilibrer la pression entre l'oreille moyenne et le monde extérieur et de maintenir l'oreille exempte de liquide. Chez les enfants, elle est souvent enflée et bloquée lorsqu'elle est infectée par un virus. Une trompe d'Eustache bouchée entraîne l'accumulation de liquide dans l'oreille moyenne, qui peut alors être infectée par des bactéries, provoquant une otite.



What are the symptoms of otitis media?

Children who can talk usually describe feelings of pain or discomfort in the affected ear. Infants may have no symptoms except for increased irritability, pulling on the ear, and fever. A doctor can diagnose otitis media by examining the child's ear with an instrument called an otoscope. The doctor can then see the tympanic membrane (ear drum), which is red with fluid behind it. With appropriate treatment, you can avoid rare but serious complications.

How are ear infections treated?

Many ear infections actually do not require antibiotics! Children over 6 months can be treated with watchful waiting if there are no severe symptoms. This means a 48- to 72-hour period of treating the symptoms with pain medicine and no antibiotics, followed by examining the child again. Ideally, a parent must be able to communicate with their doctor and have access to follow-up care if their child's symptoms get worse.

There is no evidence that nasal saline rinses, nasal steroids, nasal decongestants, or systemic steroids helps reduce the frequency of ear infections.

Infants younger than 6 months should receive antibiotics in all cases. Children aged 6 months to 2 years should receive antibiotics if they have severe symptoms or both ears are infected.

All children with ear infections should receive pain medicine such as acetaminophen (Tempra®, Atasol® or Tylenol®) or ibuprofen (Advil® or Motrin®), particularly in the first 24 hours.

Is follow-up care necessary?

Most cases of otitis media will get better on their own. Because of the risk of complications, all patients should have a follow-up visit with a doctor to ensure that the infection has resolved. Any child with persistent pain or fever should be reexamined within 48 hours. The outcomes for children with ear infections are excellent. Parents should make sure that their child finishes any prescribed medication and bring them in for their follow-up appointment.



UA doctor can diagnose otitis media by examining the child's ear with a special instrument called an otoscope.

