

RETRACTED EAR DRUMS

Colin Brown, Ear Specialist Surgeon

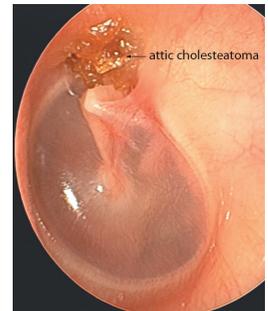
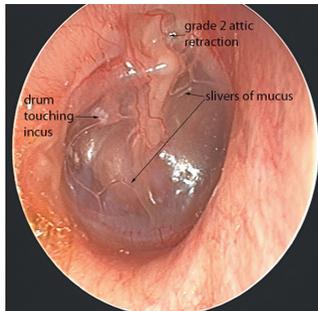
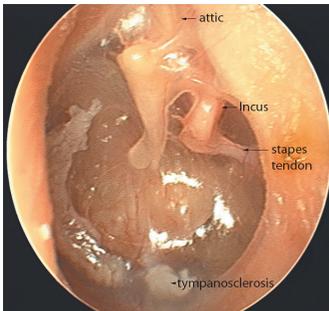


Ear infections are the most common reason for prescribing antibiotics in children. Antibiotic use has long been debated however and guidelines continue to shift. Watchful waiting with delayed antibiotic prescription is a reasonable option for most children over 6 months of age, but recent studies performed with more stringent diagnostic criteria suggest significant value can be obtained by oral amoxicillin and amoxicillin-clavulanate for children in the 6–35 month age group treated immediately-albeit with a higher risk of antibiotic related side effects such as diarrhoea.

‘Glue Ear’

Recommendations:

Because this is such a common childhood condition, with a high rate of spontaneous resolution, intervention with grommets is not normally recommended until an effusion has been present in one or both ears for 3 months or more, and accompanied by clear evidence of hearing loss. Evidence might include history from the parents, kindergarten or school, but where there is doubt, an audiogram is recommended. Audiograms are able to be performed on children of any age by public and some private audiologists.



Acute Otitis Media antibiotic recommendations:

Children under 2 years, temperature <39 degrees C, systemically well: Amoxicillin 90 mg per kg per day in divided doses, 7 day course.

Children under 2 years, temperature > 39 degrees C, systemically unwell: Amoxicillin/Clavulanate 90 mg per kg per day in divided doses, 7 day course.

Children over 2 years, temperature < 39 degrees C, systemically well: Watchful waiting, parents administer amoxicillin if child fails to improve within 48 hours. Amoxicillin/ clavulanate is given if temperature above 39 degrees C, or systemically unwell on presentation

Children of any age should be referred to hospital if complications of AOM, such as mastoiditis are suspected.

Grommets (Ventilation Tubes) are recommended for children who have 4 episodes of AOM, or more, in 6 months, or 6 episodes or more, in 12 months.

Decongestants, steroid based nasal sprays and antihistamines have not been demonstrated to be effective.

Retracted Ear Drums

Ear drums retract because of negative pressure. Retractions may lead to permanent ear drum and/or ossicular chain damage, and in some cases to cholesteatoma. Usually longer term grommets are used to treat this condition, and in some children the underlying condition may improve with physical growth, particularly after puberty.