OTITIS MEDIA: WAC 2011.

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Definition / Classification:

AOM: acute otitis media: signs and symptoms of inflammation < 3 weeks

<u>OME:</u> otitis media with effusion: presence of fluid in the middle ear with conductive hearing loss and without concomitant symptoms or signs of acuity.

COM: chronic otitis media: symptoms more than 3 months

Risk factors in otitis media

	Allergy	Craniofacial	Gastroesophageal	adenoids
		abnormalities	Reflux	
Day care center	Upper airway	Passive smoking	Breastfeeding	pacifiers
	infections		< 3 months	

Systematic literature review of modifiable risk factors for recurrent acute otitis media in childhood. Lubianca Neto JF, Hemb L, Silva DB. J Pediatr (Rio J). 2006 Mar-Apr;82(2):87-96.

Risk factors for recurrent otitis media. Ståhlberg MR, Ruuskanen O, Virolainen E. Pediatr Infect Dis. 1986 Jan-Feb;5(1):30-2.

Pathophysiology

Obstruction of the Eustachian tube appears to be the most important antecedent event associated with AOM, due to upper respiratory infection (URI). The mechanisms of contamination are reflux, aspiration, or active insufflation.

Immuno allergic factor Mechanical obstruction Infectious factor

Epidemiology

the incidence of middle ear effusion episodes is approximately 48% at age 6 months, 79% at age 1 year, and 91% at age 2 years, according to a study from Pittsburgh that prospectively followed urban and rural children for the first 2 years of life. The peak incidence of AOM is in children aged 3-18 months.

Paradise JL, Rockette HE, Colborn DK, et al. Otitis media in 2253 Pittsburgh-area infants: prevalence and risk factors during the first two years of life. Pediatrics. Mar 1997;99(3):318-33

Clinical presentation

AOM: fever, pain, URI.

OME: hearing loss

Diagnosis

Clinical presentation, otoscopy, audiometry, tympanometry.

Treatment

AOM: Analgesics and antipyretics. Antibiotics. Tympanocentesis

OME: steroids. Tympanocentesis, tympanotomy tubes

Complications

- Intratemporal mastoiditis, facial nerve palsy, acute labyrinthitis, petrositis, or development of chronic otitis
 media
- Intracranial Meningitis, encephalitis, brain abscess, otitis hydrocephalus, subarachnoid abscess, subdural abscess, or sigmoid sinus thrombosis