**OTITIS MEDIA: WAC 2011.**

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**Definition /Classification:**

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

**OME:** 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**

<table>
<thead>
<tr>
<th>Allergy</th>
<th>Craniofacial abnormalities</th>
<th>Gastroesophageal Reflux</th>
<th>adenoids</th>
</tr>
</thead>
<tbody>
<tr>
<td>Day care center</td>
<td>Upper airway infections</td>
<td>Passive smoking</td>
<td>Breastfeeding &lt; 3 months</td>
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</tbody>
</table>


**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.

<table>
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<tr>
<th>Immuno allergic factor</th>
<th>Mechanical obstruction</th>
<th>Infectious factor</th>
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**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.


**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