

CHILDREN  
WITH

# inflammation of the middle ear



## Children with **inflammation of the middle ear**

### General information:

Inflammation of the middle ear is an inflammation of the middle ear mucosa caused by bacteria or a virus. The condition is common in children. The middle ear is an air-filled cavity between the eardrum and the auditory organ. Under normal circumstances, an air duct between the middle ear and the nasopharynx enables fluid from the middle ear to run out into the throat.

When children contract an inflammation of the middle ear, it is often because this duct is blocked. This typically happens in connection with an inflammation of the nasal cavity or nasopharynx due to a common cold. As a result of an increased pressure behind the eardrum, the child will often experience earache.

### How is it contracted?

Virus or bacteria spread from the mouth through the air duct to the middle ear causing an inflammation or accumulation of fluid. The risk of inflammation of the middle ear is highest when the air duct is narrow or blocked, which is usually the case in young children.

### Symptoms:

Young children often:

- run a fever
- vomit and/or get diarrhea
- cover their ears, are troubled and cry uncontrollably
- feel more pain when they lie down and less or no pain when/if the eardrum is punctured.

Older children will have earache, possibly accompanied by fever.



### Good advice:

- The child should sleep with the head elevated or be picked up if it is in pain, as this reduces the tension felt in the eardrum and thus reduces the pain
- If your child is suffering, you may give painkillers as agreed with a doctor
- Note that the child's hearing may be affected in case of several instances of inflammation of the middle ear
- Avoid passive smoking as this considerably increases the risk of inflammation of the middle ear, because the tiny cilia in the air duct which normally remove the mucous, are paralysed by cigarette smoke.

### When to see a doctor?

Contact a doctor if the child:

- continues to be in pain despite having been given painkillers
- continues to run a fever
- cannot pee and refuses to drink
- has discharge from the ears for more than a couple of days
- makes you worry and you feel insecure.

Contact your general practitioner first because he/she knows your child better than the doctor on call. You can also get good advice and guidance from your health visitor.

### Treatment:

Most children get better equally quickly with or without antibiotic treatment. Give the child painkillers as agreed with a doctor.

An ear specialist may puncture the eardrum if the child is in a lot of pain or its general health condition is affected.

Nose drops and/or antibiotics are to be administered as prescribed by the doctor.

If the child continues to have ear problems, the ear specialist may insert a small plastic tube in the eardrum to even out the differences in pressure and/or drain the fluid.

### Childcare:

The child can return to childcare or school when the fever has gone and the child feels well enough to play with other children.

## Parental guidelines

These guidelines have been prepared by a working group set up by the departments of paediatrics in Herning, Randers, Skejby and Viborg.

The intention with these guidelines is to provide parents with advice across the following sectors: health visitors, general practitioners, doctors on call, and the staff at paediatric admission wards in the Central Denmark Region.

The parental guidelines can be seen and downloaded from the internet on the web site [www.fv.rm.dk](http://www.fv.rm.dk)

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Oktober 2019

