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Ear infections, acute and chronic

Acute infections that resolve with antibiotics are quite common. Frequently, children will have difficulties with *recurring ear infections*. Some children have recurrent infections that are frequent enough that they are considered candidates for myringotomy tubes (tubes in the eardrums). There are no rigid criteria to designate who is a candidate for myringotomy tubes and who is not. The decision is carefully made for each patient after considering their exact circumstances as well as the wishes of the parents and the pediatrician. A very important factor in this decision is the child's status with regard to speech development. The child who has delay of normal speech development may be more likely to be considered a candidate for tubes. The reason for this is that recurring infections and/or persistent fluid in the ears often means the child spends significant periods of time with poor hearing. This often causes slower development of speech and language learning. It is well known that children are best able to learn speech during their younger years, and it is very important to make sure that children are hearing well so that each child can develop the best possible speech. For children who have tubes placed for recurring ear infections, it has also been well demonstrated that ear infections are much less frequent. This can often dramatically reduce the frequency of illness for the child, ear infections in particular. In many cases, the quality of life is better for the child and family.

In addition to acute ear infections, chronic ear infections are also fairly common. Chronic inflammation of the ears often presents in children who fail to clear fluid behind the eardrum after an ear infection. Fluid persisting for approximately three months or more is generally considered to be chronic. The likelihood that this fluid will clear on its own is very small after this period of time. These children will generally need tubes placed in order to clear the fluid. The primary problem with chronic fluid is hearing loss. As discussed, hearing is particularly important for young children.

Chronic infection is also seen in both children and adults. This is a different problem from chronic fluid as previously discussed. This usually manifests as either intermittent or persistent infected drainage from the ear. Hearing loss may be present. Occasionally, patients may have dizziness or pain in the ear. These types of infections can sometimes be managed with simple medical treatment in the office but often require surgery to clear the infection.

In addition, chronically infected ears will occasionally develop skin cysts (cholesteatoma) behind the eardrum or in the mastoid (the part of the skull behind the ear). These skin cysts grow slowly over months and years and can cause serious or life-threatening infection in or around the brain. For patients with cholesteatoma and for many patients with chronic ear infections, surgery is the treatment of choice. The goals of surgery are to (1) make the ear safe, (2) clear up the infection and (3) improve hearing whenever possible.

