Cary Speech Services
The Voice of Experience

EAR INFECTIONS - A PAIN OR A PROBLEM

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Along with the chilly winds of winter come that awful season of colds and flu. This is also a time when many babies and preschoolers seem to get one ear infection after another.

Chronic otitis media, or middle ear infection, is very common in young children, occurring most frequently during the first three years of life. The incidence of ear infections peaks between six and eighteen months and declines by the age of three. It is relatively uncommon by age six.

Recurrent otitis media during the first two years of life is of particular concern because this is the time when children learn speech and language. Studies have shown that those children who have one ear infection after another are at a higher risk for delayed onset of speech, articulation problems, and language learning disabilities. When groups of school age children with early histories of recurrent ear infections were compared with children who had few or none, they scored lower than their age peers on tests of language comprehension, spelling skills, and verbal ability.

Why do some children seem to get one ear infection after another all winter? It appears that the eustachian tube, that narrow canal that connects the middle ear with the nasopharynx, or space directly behind the nose, is the culprit. The function of this tube is to ventilate the middle ear and allow fluid to drain into the throat. However, some children have inherited eustachian tubes that are more horizontal and "floppy" so that they do not function properly. A horizontal tube does not work as well as one that is vertical for draining off fluid from the middle ear to the nasopharynx. A "floppy" tube remains open and allows bacteria from the nasopharynx to enter the middle ear. In addition, the tube can become obstructed or swollen with the ear infection, so that it can no longer do its job.

When your doctor says that your child will probably outgrow his ear infections when he reaches age four, he is referring to the fact that the eustachian's tube angle will become more vertical and its cartilage will become stiffer as the child ages.

When a child has an ear infection, he or she develops fluid behind the ear drum. This produces a mild hearing loss, similar to the way you hear if you plug up your ears with your fingers. The fluid can persist behind the eardrums for several weeks and up to three months after each incidence of otitis media. During this period the child will hear sounds muffled as if listening under water. Some children become confused when hearing fluctuates between these muffled sounds and clear speech and they may "tune out" much of the spoken world or not attempt to

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talk. Other children will learn to speak the way they hear the world, leaving off word endings, omitting or distorting high frequency sounds like "s" and "f", and omitting the small words like "to" and "at". They frequently misunderstand others, have difficulty following directions and understandably become frustrated in their attempts to communicate with others around them.

Treatment for ear infections always starts with antibiotics. For those children who seem to keep getting ear infections all winter long the pediatrician may choose to put them on a low maintenance dose of antibiotics until spring comes. For other children this is not effective and the pediatrician or ear, nose and throat specialist may recommend drainage tubes in the ear drums. This is the most frequently performed operation in the United States and significantly decreases the incidence of otitis media while the tubes are in place. During the surgery, or myringotomy, a small incision is made in the eardrum and the accumulated fluid is drained out. Then small typanostomy tubes are inserted to ventilate the middle ear and allow any fluid from future ear infections to drain out. Most tubes are designed to remain in a child's eardrum from six months to two years.

So what can we as parents do if our children are prone to recurrent ear infections? First, of course, is proper medical management. We also need to be aware that these children have a hearing loss and that their inattention is not willful. It is important that you get the child's attention before giving him a directive. Don't assume that he can hear you when you are calling from another room or if there is background noise, such as a radio or television playing. As much as possible, try to be close to the child and have him look at your face when you are talking. We all use "lipreading" to some extent, but for these children it is essential. And if you feel that your child's speech and language development is delayed in relation to his age peers, seek a speech and language screening from a licensed speech-language pathologist. At many of the centers here this is a free service. Early detection and appropriate intervention are the key to preventing delays in your child's speech and language development.

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