



Acute otitis media is an infection of the middle ear!

DIAGNOSTIC CRITERIA

1. Middle ear effusion and inflammation
2. Acute onset of symptoms (<48 hours)

COMMON PRESENTATIONS



Ear Pain

Ear Fullness



Fever



Otorrhea

Hearing Loss

Children can also appear fussier!



RISK FACTORS

Recent URTI Sick Contacts (daycare, crowding)

Previous Episodes of AOM Immuno-deficiency

GERD Sibling with AOM

Ethnicity (Indigenous) Cleft Palate/ Lip

Exposure to Cigarette Smoke Exposure to Air Pollution

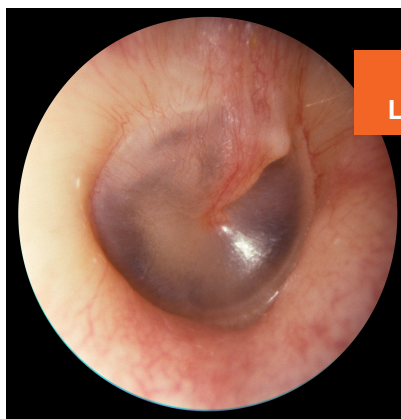
Lack of Breastfeeding Pacifier Use

PHYSICAL EXAM

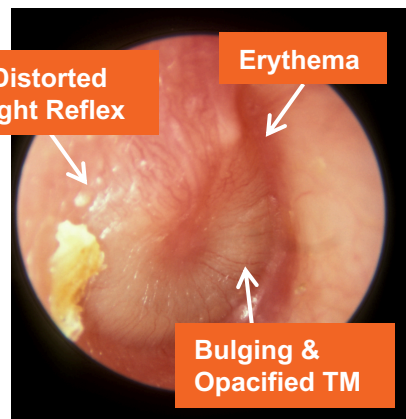
- Check for fever!
- Inspect and palpate the auricle, peri-auricular region and mastoid process (erythema, swelling, tenderness)
- Look inside the ear with an otoscope!



Remember that mastoiditis is a common complication of AOM!



Normal



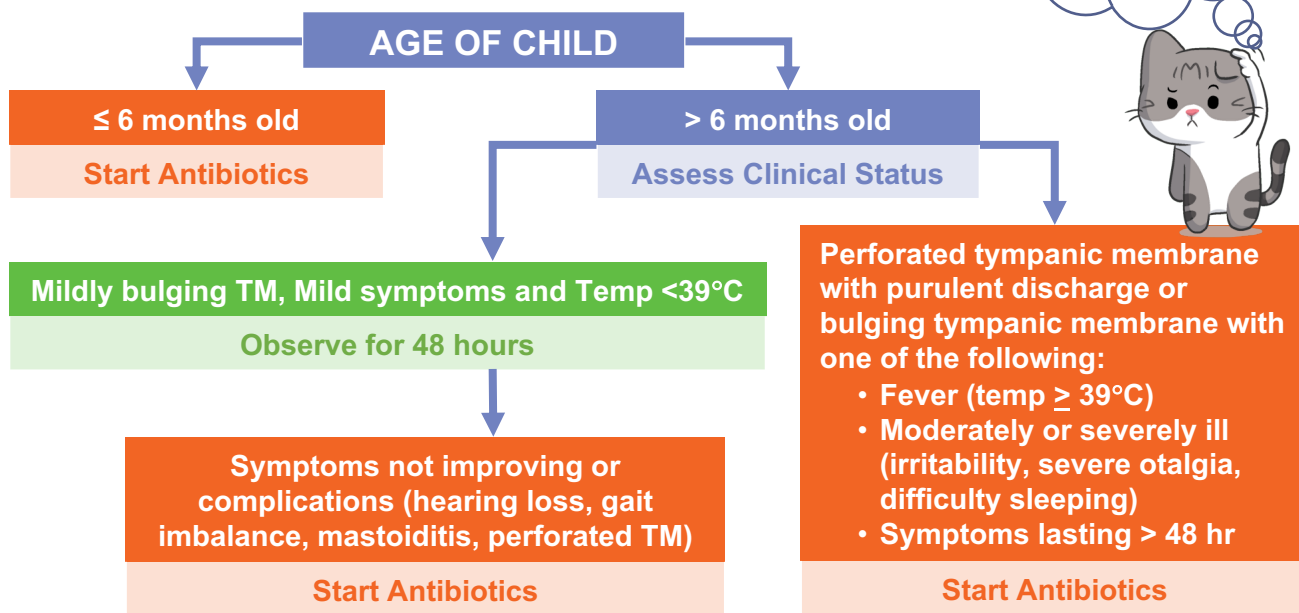
Acute Otitis Media



GENERAL MANAGEMENT

1. Treat pain and fever with analgesics (ibuprofen, acetaminophen)
2. Assess whether the patient requires antibiotics

Do all cases of AOM need antibiotics?



1st Line Antibiotic: AMOXICILLIN

Dose: 90 mg/kg/day PO divided BID-TID

Duration: 5 days if ≥ 2 y/o; 10 days if < 2 y/o, perforated TM, or recurrent AOM



The most common bacterial causes of AOM are Strep Pneumonia, H influenza and M Catarrhalis!

COMPLICATIONS

Mastoiditis, effusion, hearing loss, learning difficulties, meningitis, gait imbalance

Alternative Antibiotics:

- **Amoxicillin-Clavulanate** (if amoxicillin used in the last 30 days or treatment failure with amoxicillin)
- **Cefuroxime-axetil or Ceftriaxone** (for non-anaphylaxis penicillin allergy)
- **Clarithromycin or Azithromycin or Clindamycin** (for anaphylaxis penicillin allergy)
- **Ceftriaxone** (if failure of amox-clav or oral drugs not tolerated or persistent symptoms while on antibiotics >3 days)



PREVENTION

- Decrease modifiable risk factors (exposure to cigarette smoke, bottle feeding)
- Encourage hand hygiene, Pneumo-13 vaccination, annual influenza vaccine

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Joanna Yuen, Sahar Saleem (Medical Students 2021, University of Alberta), Michael Prodanuk (PGY3, University of Toronto), Dr Joan Robinson for www.pedscases.com