

## **Types of Otitis Media**

Otitis Media can be broadly divided into four groups.

- Acute Otitis Media (AOM) is what we most commonly associate with an acute ear infection. AOM occurs when there is fluid in the middle ear space, inflammation of the TM, and the signs and symptoms of a middle ear infection (e.g. ear pain and fever).
- Otitis Media without effusion (OM) is inflammation of the TM without evidence of fluid in the middle ear space. This is also often associated with the signs and symptoms of middle ear infection.
- Otitis Media with Effusion (OME) occurs when there is evidence for fluid in the middle ear space without associated inflammation or symptoms of infection. OME is also sometimes called Serous Otitis Media, and can cause hearing impairment and speech delay in infants.
- Chronic Otitis Media occurs when middle ear infection persists, and can result in significant damage to the middle ear, eardrum, and hearing impairment.

## **Diagnosis**

To diagnose AOM, or other middle ear conditions, it is imperative that the practitioner get a complete view of the tympanic membrane. Identifying features such as erythema (redness), bulging or retraction of the tympanic membrane and visible evidence of pus or serous fluid behind the eardrum are all critical in making the correct diagnosis. Often, visualization of the TM is hindered by an occlusion or partial occlusion of the ear canal by cerumen or ear wax. This ear wax must be removed in order to properly examine the ear to make the correct diagnosis of ear infection or effusion. Incomplete visualization of the TM can lead to missed diagnoses and/or the overuse of antibiotics.

The most common method of removing obstructing ear wax is by curettage, and the safest method of ear curettage is to use a Bionix Safe Ear Curette, Bionix Lighted Ear Curette, or Articulating Safe Ear Curette.

## **Duration and Treatment**

Most cases (up to 85%) of middle ear infections (AOM) will resolve on their own within a few days and require only supportive care—pain relief, fever management, and a little TLC. However, in certain cases the practitioner may elect to treat the infection with antibiotics; this may be done to shorten the duration of the illness, or in cases of severe infection or in younger children and infants. Antibiotics will not make much of a difference in viral infections, nor are they indicated in cases of OME; they don't eliminate middle ear fluid that can persist for several months before resolving. Overuse of antibiotics when they are not needed can cause side effects and lead to antibiotic resistance and increased costs.