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Ear Infection – To Treat or Not to Treat?

In my last article (2 weeks ago), I started writing tips on the theme of "winter tips". Being that there was a spike of ear infections seen at my office in the past few days, I decided that this is a very appropriate topic to discuss in this week.

Diagnosing ear infections in Pediatrics is fairly simple. Properly treating ear infections, is in my opinion an art. I remember the overwhelming excitement I experienced when I diagnosed the first ear infection. It was at approximately 9pm, I was a first year pediatric resident at the now Cohen's Children's Hospital. My mentor Dr. Shoshana Wind was the attending in charge of the Urgi-Center at the hospital. She was instrumental in teaching many resident how to stop pretending they see ear infections and actually realize what they were staring at in those narrow canals. I was so proud of myself and felt I was doing such a service to the parents of an 18 month old girl who had cold symptoms and fever for a few hours. After confirming that what I saw was actually a true ear infection, we discharged the patient home with a prescription for amoxicillin and asked the parents to schedule a recheck with their pediatrician in 2 weeks.

In the next two years, this euphoria repeated itself numerous times. After all, diagnosing ear infections is one of the most important skills a pediatrician needs. I felt that I was able to diagnose these infections "in my sleep". However, once I started working in a private practice and have the luxury of actually rechecking ear infections after 2 weeks, my mood switch from euphoric to melancholic. I was shocked to find out that at least 50% of my patients did not respond to antibiotics for their ear infection. The accepted teaching at the time was that if the first antibiotic fails, try a stronger one next. This too, was not effective. Merely six months into my practice, I decided to be cavalier and try a new approach. When a child presented with a clear cut ear infection, I gave the mother a prescription for an antibiotic, but asked her to wait 24-48 hrs. In that period, I suggested, the mom was to ensure the child is comfortable by using analgesics (pain medicines) Tylenol or Motrin by mouth or ear drops containing topical analgesics. The mom was only asked to start the antibiotics if the child's condition seemed worse.

What I found was amazing. Roughly 75% of the patients healed *on their own*. And more shockingly was the fact that their ears looked just as clear as the patients that were treated

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with antibiotics. To top it all, the kids who did not get antibiotics did not have as many subsequent ear infections!!

The best part of this story is that avoiding antibiotic use also prevents the unnecessary side effects that all antibiotics have: antibiotic induced diarrhea, subsequent fungal diaper rashes and the occasional allergic reactions to antibiotics.

To me, practicing medicine offers abundant opportunity to get excited. When it comes to ear infections however, I traded in the excitement of diagnosing ear infections with the excitement of properly diagnosing ear infections. Today, I take special pride when I review a medicine log of an 18 month old patient who never took antibiotics. Yes, as a physician I may spend more time reassuring and educating nervous parents, and often in the late hours of the night. But in turn, I am able to sleep better, knowing that my patient is not a victim of "defensive medicine".

In the next issue, I will continue with this topic and try and list ear infections that do warrant prompt antibiotic use. Not all ear infections are created equally, and careful consideration has to be given to ear precious ear!

Wishing you a warm and healthy winter!

Sincerely,

David Elazar Simai M.D.