

AOM

This is a guide to the management of AOM. As with all guidance it simplifies the problem and should always be supplemented by other reading on anatomy and pathophysiology. Its purpose is to give you guidance only – it is not a set of unchangeable rules.

AOM is a very common infection in children and an occasional one in adults. It usually starts with an upper respiratory infection which alters Eustachian tube function allowing infection to develop in the ear. It is painful and associated with fever and deafness. Examination finds a red drum that may be bulging or have ruptured to produce pus in the ear canal.

Your responsibility to patients is to diagnose the problem, treat the infection, educate the patient, organize a follow up and review for the longer term deafness of otitis media with effusion and glue ear.

The principles of AOM management are to take a good history and examination and:

1. Clean the ear of all pus and debris
2. Diagnose the nature of the disease
3. Document the degree and type of hearing loss
4. Use medication to clear infection if required (see below)
5. Review the patient and check for hearing loss

The medications that you use will depend upon local availability and the advice below is based upon drugs available at the time of writing.

Please note that it is easy to over diagnose AOM with pus as some drums look red, especially if the child is crying. The early stage of AOM (before bacteria start causing pus and bulging) does not need antibiotics. Pain relief is adequate.

However, once pus has formed you **should** give antibiotic. This may not shorten the disease by much but it will help to prevent the complications of disease such as mastoiditis, glomerulonephritis, rheumatic fever and meningitis. In your population these diseases are important.

Amoxicillin This is a very good first line antibiotic. It has good activity against Streptococcus pneumonia, Haemophilus influenza and Moraxella catarrhalis. These are the usual organisms causing AOM. Children: 20mg/kg/day for ten days divided into three doses

Erythromycin This makes a good alternative if the patient is allergic to penicillin. Children: 50mg/kg/day divided into two doses

Cephalexin Is also active against the bacteria above but has no anti-pseudomonal activity. Children: 75mg/kg/day divided into four doses