Kids’ Health
Caring for Problem Ears, Tonsils and Adenoids

COMMUNITY MATTERS
By Allison Linville

Why is my child constantly on antibiotics for ear infections? This is a common question from parents of children aged six years old and younger. “Middle ear effusion, or fluid in the middle ear, which is often treated as chronic ear infections, impacts five to ten percent of the pediatric population,” explains Dr. David Healy, MD, who is a board certified otolaryngologist and head, neck and facial plastics surgeon at Glacier Ear, Nose, and Throat.

a bacterial infection at that point.” Dr. Healy states that primary care providers will refer children to his office to look into the option of using ear tubes for children who have repeated ear infections. “Primary care providers are wonderful at recognizing this issue in children, noticing when it becomes a chronic problem, and then referring patients for surgery. It’s a functional system.”

Dr. Healy mentions that surgery is considered after the child has three months of documented middle ear effusion – the fluid in the ear. This fluid is trapped consistently, and can lead to hearing loss or a dulled hearing function, which can also impact speech and language development. “They hear sounds like they are underwater,” Dr. Healy said.

The surgery that can fix the problem is very simple and painless. To drain the fluid, the surgeon inserts a tiny tube into the ear drum while under anesthesia. The child typically can’t feel the tube at any point, and it works itself out of the ear in about a year. The tube is very small – about the size of the tip of a pen. Dr. Healy says, “The primary need for the surgery is that it is statistically unlikely that the middle ear will clear fluid on its own after three months, and children are then living with correctable hearing loss, occasional pain and discomfort, and are often on antibiotics, which is a major concern in itself.”

Another pediatric health concern is enlarged or inflamed tonsils and adenoids. “Adenoids are like tonsils that are located in the back of the nose,” Dr. Healy said. “Both adenoids and tonsils can be problematic.”

Chronic ear infections are common, but easy to treat once the problem is understood. Dr. Healy mentions, “Often, children will have ear infections and then the fluid fails to clear from the ear, which is called middle ear effusion. It may be treated repeatedly as an infection with antibiotics, but really may need to be drained. It can be more of a mechanical process (lack of fluid draining) than...
The most common reason to remove tonsils and adenoids is in the instance of obstructive sleep apnea syndrome (OSAS) which often affects children ages two through 10. OSAS can be caused by enlarged tonsils and adenoids and is identified by morning somnolence—a child who is grumpy, unrested, hard to get out of bed and not sleeping well. Dr. Healy also mentioned that a small percentage of ADHD, some behavioral issues, and sluggishness can be caused by sleep apnea from enlarged tonsils and adenoids, and may be correctable. He recommends that parents watch their child sleep to see if they have a pattern of snoring and brief respiratory pauses, as this could indicate the possibility of OSAS.

"These surgeries and pediatric infections can seem concerning, but they are very manageable, and can sometimes be fixed with surgery," Dr. Healy said. Awareness of the problems and available solutions can help, and parents are urged to speak with their primary care provider if any of these issues sound familiar.

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