

Pediatric ENT

Adenotonsillar Disease

Tonsils and adenoids are masses of lymphatic tissue located in the mouth and behind the nose respectively. They, along with other lymphatic tissue such as lymph nodes, help the body develop its immune system and fight infection. The tonsils and adenoids complete nearly all of their work within the first few months of life. Many people wonder what will happen to their immune system after removal of either the tonsils or adenoids. Numerous studies have demonstrated that patients do not suffer more infections or other ill effects in their absence. On the contrary, the tonsils and adenoids can themselves be sources of infection on occasion and their removal under such circumstances usually results in *fewer* infections down the road.

Do my tonsils or adenoids need to be removed?

Tonsils and adenoids are usually removed for one of two reasons: obstruction or repeat infections.

Obstruction: Large tonsils and adenoids can cause chronic nasal obstruction, swallowing difficulty, dental problems, garbled speech, or trouble breathing at night. Many children snore and often outgrow the problem during grade-school. Snoring by itself is not dangerous. Snoring accompanied by breathing pauses at night, changes in daytime activity level, or difficulty with attention or concentration during school should be evaluated by a physician. Some children have bedwetting accidents throughout childhood. This also can be a sign of disordered sleep.

Infection: The average child experiences one or two tonsillar infections each year. We recommend children be evaluated by an Ear Nose Throat Physician when three or more infections occur in successive years.

For more information: www.entnet.org/healthinfo/throat/tonsils.cfm

Postoperative Questions

How will my child feel after surgery?

A sore throat should be expected, and can last anywhere from one to ten days. Generally, the pain abates sooner if a child begins eating, drinking, and resuming mild to moderate activity promptly following surgery.

What can he eat?

There is a chance of delayed bleeding for two weeks after surgery. Soft foods are safest during this period.

What do I do for an upset stomach?

This is often due to taking medicine on an empty stomach. Stop the strong pain medicine and antibiotic if one was prescribed. Begin with clear liquids like chicken broth, and advance slowly as tolerated. Try regular Tylenol instead of a stronger pain killer. Remember to avoid medicines such as aspirin, motrin, and naproxen. They can cause bleeding after surgery.

Why do her ears hurt?

Referred pain to the ears is common and expected following surgery.

Does she have an infection?

As the throat heals, yellow exudates form where the tonsils were removed. Bad breath and fever are also common postoperatively. These are not signs of infection, but normal components of the healing process. High fevers, lethargy, and poor oral intake more than two days following surgery are unusual and should prompt a call to the doctor's office.

Otitis Externa

Otitis Externa, or "swimmer's ear," is an infection of the ear canal. It is common in children exposed to water because the organisms that cause these infections love dark, humid environments. Ear pain and colored discharge are the most common symptoms. There are three main ingredients for successful treatment: (1) avoid water in the ears, (2) see an Ear Nose Throat Doctor to have the ears cleaned, and (3) use any medicines as prescribed.

Otitis Media

Middle Ear Infections occur in a small air pocket located behind the eardrum. Bacteria are the most common causes, however viral infections also occur. Ear pain, fever, and a doctor's confirmation of an infected middle ear must **all** be present for proper diagnosis. A visit to the doctor's office is essential because other medical

conditions such as teething, sore throats, and eustachian tube problems can all cause ear pain and fever and thus be mistaken for acute ear infections.

Treatment involves antibiotics, pain medicines, and if possible the elimination of “otitis prone” behaviors such as secondary smoke, daycare attendance, and supine bottle feeding. Sometimes other medical conditions such as allergies, reflux, or adenoid infections also contribute to ear infections.

One or two ear infections per year are considered normal. Persistent fluid behind the eardrum for a few days or weeks after an infection is also common. Sometimes fluid in the middle ear lasts longer than a few weeks after an infection. This can cause hearing difficulties, pain, speech delay, and other problems with the ears. Children with persistent middle ear effusions or frequent ear infections often benefit from evaluation by an Ear Nose Throat Physician.

What is the Eustachian Tube?

The Eustachian tube connects the middle ear with the back of the nose. It opens periodically, equalizing the pressure on each side of the ear drum. You’ve probably developed fullness and/or ear pain while descending in an airplane. Suddenly, your ears “pop” and you feel better. That pop is your Eustachian tube opening, relieving the pressure differential across your eardrum.

All children are born with underdeveloped Eustachian tubes. Many children have constant difficulty with middle ear pressure equalization as a result. Over time this contributes to ear infections and persistent fluid behind the eardrum. Eustachian tubes

begin to function like those of an adult during gradeschool, hence most children will experience fewer problems as they grow older.

What are Tympanostomy Tubes?

Tympanostomy tubes are also referred to as “pressure equalization” or PE tubes, because they by-pass the Eustachian tube, allowing air to pass to and from the middle ear. Only one or two millimeters in diameter, they are inserted through the eardrum with the aid of a microscope while a child is under anesthesia.

What are the benefits of tubes?

PE tubes do not guarantee that your child will never get sick again. We are all susceptible to that. They do however usually decrease the number of ear infections, drain persistent middle ear effusions, and improve hearing loss secondary to chronic otitis media with effusion. Tubes last one year on average. Some are designed to either fall out sooner or stay in longer.

What problems can be seen with tubes?

Tubes can fall out too early, or remain in place too long. Sometimes a hole remains in the eardrum even after the tube falls out. Occasionally, the tube itself becomes colonized with bacteria, leading to chronic ear discharge.

Can my child swim with tubes?

Doctors are divided on this issue, although research indicates that most children will not have a problem with water in the ears. A small percentage of children will experience sensitivity or infection following water exposure.

For more information, make an appointment with one of our doctors or look at the links below.

Pediatric Neck Masses

If you notice a bump on your child's neck, odds are that it is a swollen lymph node which is temporarily enlarged due to an infection. They usually shrink in a couple of weeks.

Lumps greater than one centimeter that persist for three or more weeks should be evaluated by an Ear Nose and Throat Physician. Most are either inflammatory (responding to an infection,) or congenital (present at birth... even if they're initially not large enough to detect.) Fortunately, cancer is rare in children, but tumors can occur and are best-treated when diagnosed early.

After a thorough examination we might recommend a trial of medical treatment if an inflammatory cause is suspected. Imaging studies such as a CT scan or MRI can be very helpful, especially for congenital masses. A fine needle biopsy can also provide valuable information about whether a mass is most likely inflammatory, congenital, or neoplastic.

Links

www.entnet.org/kidsENT/

Topics:

- Tongue-tie
- Cleft lip and palate
- Ear infection and vaccines
- Pediatric Food Allergies
- Head and Neck Tumors
- How many ways can you remove tonsils
- Is it the sniffles or sinusitis
- Day care and ENT problems
- Pediatric GERD
- Kids can have sleep apnea too
- Facial Trauma
- Pediatric Obesity and ENT Problems
- Doctor, please explain ear tubes