Acute Otitis Media: A simple diagnosis, a simple treatment

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ABSTRACT

To assess the symptoms and signs of acute otitis media and efficiency of amoxicillin in its treatment in the primary health care setup. This is a prospective longitudinal study including 204 patients from different institutions. Patients were diagnosed as suffering from acute otitis media when presented with earache, fever, fullness and or otorrhoea. Patients were divided into two equal groups on basis of the treatment they received, group A received only symptomatic treatment while group B were given amoxicillin (40mg/kg/day) for 7 days. Acute otitis media was common in children under 15 years (64.7%). Patients presented with earache (100%), aural fullness (90.68%), fever (76.47%) associated with recent onset of upper respiratory tract infections (88.23%). In group A, improvement was noticed in 28.43% in 3 days while 35.29% in 7 days. In group B, improvement was noticed in 48.03% in day 3 while 86.27% in day 7. In countries where medical care is scarce, patients lost to follow up, it is wise to treat with antibiotic like amoxicillin in adequate dose than to treat only symptomatically. It prevents chronicity, early hearing impairments and reduces antibiotic resistance.

Keywords: Acute Otitis Media, Amoxicillin, Antibiotic resistance, Earache

INTRODUCTION

Acute Otitis Media is a pyogenic infection of the middle ear cleft that last for less than 3 weeks. It is more common in infants and children and affects 70% of children at least once during their lifetime.1

Initially the infection starts with a viral upper respiratory infection. Within 24-48 hours, it is followed by bacterial infection.2 This is mainly due to obstruction of eustachian tube that follows an upper respiratory tract infection. Besides nasal allergy, chronic rhinosinusitis, exposure to cigarette smoke, tumours of the nose and nasopharynx, cleft palate and breast feeding in supine position may contribute to the development of acute otitis media. These all directly or indirectly leads to the immobility of the cilia or edema of the eustachian tube leading to defect in ventilation and drainage of the middle ear cleft. The main organisms responsible are streptococcus pneumoniae, Haemophilus influenza and Moraxella catarrhalis.3

The main symptoms included are earache, fever, fullness, decrease hearing and spontaneous aural discharge in association with nasal congestion or nasal discharge. The course of the disease depends on the virulence of the infecting organisms, the host immune response and inadequate treatment with antibiotics. Unless there is an evidence of discharge present for culture and sensitivity, investigations are not necessary.

There have been various recommendations concerning the treatment of acute otitis media and various guidelines have been published. Some withhold the use of antibiotics.4 Evidence suggesting that routine use of antibiotics improves the course and outcomes of acute otitis media is weak.5

In country like ours, where antibiotics are available without prescription, higher antibiotics can be bought over the counter. Even some medical professionals prescribe higher antibiotics (2nd, 3rd generation cephalosporin, fluoroquinolones, macrolides etc.) for immediate relief or as a means of empirical treatment. This contributes to the rising prevalence of multidrug resistance of organisms mainly streptococcus pneumonia.

Antibiotic resistance has been declared a crisis by the World Health Organization, the Centers of Disease Control and Prevention.6 Use of higher generation antibiotics unnecessarily in view of treating the disease early contributes to the antibiotic resistance.

The indiscriminate use of broad-spectrum antibiotics is associated with increasing bacterial resistance.7 It has also come into view that excessive antibiotics in childhood have even been strongly associated with subsequent obesity and inflammatory bowel disease later in life.8

This study shows symptoms and signs that are helpful for the diagnosis of acute otitis media even in the primary health care setup without sophisticated instruments. This study also gives emphasis on the use of antibiotic such as amoxicillin in adequate dose for the cure of acute otitis media.
MATERIAL AND METHODS
This is a prospective longitudinal study. This study was carried out in the Department of ENT in two medical colleges and teaching hospitals in Kathmandu for the duration of 15 months from Ashad 2069 to Bhadra 2070 (June 2012 to July 2013). Total number of patient diagnosed during this period was 204. History and complete ENT examination was done after taking consent from the patient. All patients were examined and diagnosed to have suffered from acute otitis media when they presented with earache, fever, aural fullness and/or otorrhea, red, hyperemic tympanic membrane on otoscopy.

Inclusion criteria
1. Recent onset of earache without previous episodes of similar illness within 6 months
2. Age more than 2 years
3. Patient who had not received any medications for the illness
4. Consent given

Exclusion criteria
5. Patients who had received antibiotics within 6 months
6. Children aged less than 2 years
7. Patients with previous history of similar episodes within last 6 months
8. Consent not given

The patients were randomly selected and divided into two equal groups on the basis of the treatment they received. Group A patients received only symptomatic treatment with analgesic (ibuprofen with paracetamol) and decongestant (pseudoephedrine with chlorpheniramine) while group B patients were also given amoxicillin (40mg/kg/day) for the duration of 7 days.

Patients were followed up on the 3rd and 7th day. Treatment failure was said to have occurred when patient presented with severe earache and fever (temperature > 38°C) even after 72 hours of commencement of medications.

Investigating the patient in the acute phase is generally painful and unhelpful.

Statistical analysis was done with MS Excel and SPSS ver 17.0 software using Fisher’s exact test. Significance level was assessed by calculating two tailed p value. P value was labeled significant if it was equal to or less than 0.05.

RESULTS
Total number of patient suffering from acute otitis media was found to be 204. The patients were divided into two groups, group A and group B each consisting of 102 patients on the basis of treatment they received. It was found to be more common in children of 15 years and under (N=132, 64.7%) as shown in figure 1. Male (59%) were affected more than females (41%). 65.69% presented without perforation while 34.31% (N=70) presented with spontaneous discharging ear.

Figure 2 shows that all patients presented with unilateral earache (100%), aural fullness (90.68%, N=185), fever (76.47%, N=156) and aural discharge (34.31%) associated with recent onset of upper respiratory tract infections (88.23%, N=180). Diagnosis was based on red, hyperemic tympanic membrane (100%) with or without bulging and/or discharge on otoscopy.

Figure 3 shows that in group A patients, improvement was noticed in only 28.43% (N=29) in 3 days while 35.29% (N=36) in 7 days. Of 70 patients with spontaneous perforation, 58 were of group A. After spontaneous perforation of the tympanic membrane antibiotics were prescribed.
Fig. 3. Comparison between patients improved in two groups on day 3 and day 7

In group B patients, improvement was noticed in 48.03% (N=49) in day 3 while 86.27% (N=88) in day 7. Only 11.76% (N=12) had spontaneous perforation of tympanic membrane in this group. Those not responding with adequate dose of amoxicillin until the 7th day, amoxicillin and clavulanic acid combination was given after which the patients improved. Not even a single patient had to undergo myringotomy in this study.

Table-1 shows that significant number of patients improved with amoxicillin in the 3rd day compared to those with the symptomatically treated group (p=0.006).

<table>
<thead>
<tr>
<th></th>
<th>Group A</th>
<th>Group B</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Improved</td>
<td>29</td>
<td>49</td>
<td>78</td>
</tr>
<tr>
<td>Not improved</td>
<td>73</td>
<td>53</td>
<td>126</td>
</tr>
<tr>
<td>Total</td>
<td>102</td>
<td>102</td>
<td>204</td>
</tr>
</tbody>
</table>

Table-2: Results at 7 days

<table>
<thead>
<tr>
<th></th>
<th>Group A</th>
<th>Group B</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Improved</td>
<td>36</td>
<td>88</td>
<td>124</td>
</tr>
<tr>
<td>Not improved</td>
<td>66</td>
<td>14</td>
<td>80</td>
</tr>
<tr>
<td>Total</td>
<td>102</td>
<td>102</td>
<td>204</td>
</tr>
</tbody>
</table>

No sequelae of the disease were noted. All tympanic membrane perforation healed within a month in both the groups. There was neither chronicity nor suppurative complications.

**DISCUSSION**

Acute otitis media is a relatively common disease of the middle ear. It affects all age group but more commonly children. Among the 204 patients in this study, 132 patients were 15 years and below. There was slight male preponderance (Male=59%, Female=41%).

The best predictor of acute otitis media in otoscopic appearances typically is fullness or bulging of the tympanic membrane.9

The incidence of spontaneous eardrum perforation in acute otitis media varies from literature to literature. Ingvarsson10 found it in 30% of patients whereas; Pukander11 at the other extreme reported it to occur in 4.6% of the patients with acute otitis media. In our study, spontaneous perforation occurred in 34.31% patients more in the group that did not receive the antibiotic.

Acute otitis media may be managed with antibiotics and analgesics or with observation alone depending on the severity. Clinicians should re-evaluate a child whose symptoms have worsened or not responded to the initial antibiotic treatment within 48 to 72 hours and change the treatment if indicated.12

Only 29 patients (28.43%) in group A showed improvement in 3 days while 73 patients had no improvement. By 7th day only 36 patients (35.29%) improved. Furthermore, of 70 patients with spontaneous perforation, 58 were of group A. In group B, improvement with respect to pain, fever was noticed in 49 patients (48.03%) in day 3 while 88 (86.27%) patients showed complete resolution in day 7. In this group, only 11.76% (N=12) had spontaneous perforation of the tympanic membrane. Compared to the treatment received in this group, patient showed significant improvement at day 7 than at day 3.

Mygind et al13 found decreased pain in the penicillin group compared with the placebo group on day 2 but no difference for duration of fever, otorrhea or effusion up to 3 months.

In a study by Howie and Ploussard14, all patients receiving placebo were asymptomatic at early follow-up (2 to 7 days) but had more positive tympanocentesis cultures than those receiving antimicrobials.

Overall results, together with other earlier studies of acute otitis media, shorter-course antimicrobial treatment appeared less effective than longer-course treatment. Various studies of acute otitis media and otitis media with effusion in which outcomes also were less favorable in younger than in older children, suggest that short-course treatment will often prove inadequate for acute otitis media.15,16 Amoxicillin is most effective against acute otitis media caused by Streptococcus pneumonia and Haemophilus influenzae. In high risk children (less than two years of age, in day care or received antibiotics recently) who are likely to have drug resistant Streptococcus pneumonia (resulting from excessive antibiotic use) increasing the dose of amoxicillin to...
80-90mg/kg/day increases the likelihood that drug concentration will exceed the MIC for more than 40 percent of the time. Failure to respond to amoxicillin suggests that the child is infected with beta-lactamase producing organisms and amoxicillin/clavulanate is the treatment of choice in this circumstances.17

This study concludes that patients with acute otitis media invariably presents with earache, aural fullness, fever, with or without ear discharge with history of preceding upper respiratory tract infection. Otoscopic examination reveals hyperemic tympanic membrane with retraction or bulge. In developing country like ours, where medical attention and care is scarce and patients are often lost to follow up, the treatment initially should be started with broad spectrum antibiotics like amoxicillin in adequate dose and duration. Either inadequate dose or duration is the cause for treatment failure. Such a measure reduces chronicity, prevents early hearing impairments and prevents unforeseen complications as in pre-antibiotic era. The use of higher generation antibiotics should be condemned. Patients, parents should be educated about the care of ear, antibiotic resistance and tackle the problem from community level by stopping inappropriate use of antibiotics.

REFERENCES