

Serous Otitis Media

The middle ear is the small pocket of space behind the eardrum, which has a series of small bones called ossicles. Usually this pocket contains air, and the ossicles transmit vibrations from the eardrum to the inner ear. This is how we hear.

The air in the middle ear enters from the back of the throat through the eustachian tubes. Sometimes, however, the eustachian tube on one or both sides doesn't work properly. This prevents air from getting into the middle ear causing it to be filled by fluid from the surrounding tissues. Although the ear is not yet infected at this stage, this situation can lead to infection.

When fluid is present in the middle ear, the eardrum and ossicles can't transmit sound clearly to the inner ear and hearing is decreased. This condition is called serous otitis media. It may exist with or without an upper respiratory infection such as a cold. Serous otitis media can occur at any age, but it is especially common in children and can remain after an ear infection is otherwise successfully treated or after a cold has cleared up.

Although preventing this condition is difficult and sometimes impossible, anything that can reduce the chance of catching a cold is valuable. Breastfeed your baby to reduce the chance of ear infections. When children have colds, have them blow their noses gently. Do not allow anyone to smoke around children.

The symptoms of serous otitis media—temporary hearing loss, popping sounds in the ear, or a feeling of fullness in the ear—frequently go away on their own within 10 days. In some children (and less commonly in adults), the fluid stubbornly remains week after week. If you think that your child has serous otitis media, call your child's medical professional. If there is no improvement after monitoring the condition for a period of perhaps three or four months, your medical professional will probably want to consult with an ear specialist.

Surgery may be advised if the specialist believes that the middle ear fluid is not likely to disappear soon. Typically, a small incision is made in the eardrum and the fluid is drained. A small plastic tube is then inserted through the incision and is left in place. This tube provides a small ventilation hole in the eardrum and temporarily takes the place of the eustachian tube. Hearing usually improves immediately after the tube is inserted. Since fluid is no longer accumulating in the middle ear, new ear infections are less likely. The tube usually remains in place from 6 to 12 months and then falls out on its own. By the time the temporary tube falls out, the child's eustachian tube usually will have improved.

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- Listen to the Kaiser Permanente Healthphone at 1-800-332-7563. For TTY, call 1-800-777-9059.
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This information is not intended to diagnose health problems or to take the place of medical advice or care you receive from your physician or other medical professional. If you have persistent health problems, or if you have additional questions, please consult your doctor.