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Ear, Nose, and Throat Diseases Send Children to the Doctor

While no one enjoys being sick, every parent knows it is far worse to have an ill child. Some of the most common chronic illnesses affecting children involve infections in the head and throat. Although a pediatrician usually treats occasional illnesses, recurrent episodes often call for the intervention of a specialist, a pediatric otolaryngologist. The pediatric otolaryngologist has received specialized training in the treatment of disorders of the head and neck in children, especially those related to the ear, nose, and throat.

Since February is Kids ENT (Ear, Nose, and Throat) Month, this is a good time to educate parents and childcare providers that diseases of the ears, nose, and throat are the primary reasons children and adolescents require medical attention. In fact, according to the American Academy of Otolaryngology, ear infections are the number one reason a child visits a doctor. When disorders of the ears, nose and throat are left untreated, long-term consequences such as severe upper respiratory problems, loss of hearing, and obstructive sleep apnea can result.

There are numerous conditions occurring in childhood and adolescence that may require treatment by an otolaryngologist. They include adenoiditis, breathing difficulties, cleft lip or palate, hoarseness, hearing loss, nosebleeds, thyroid and parathyroid diseases, and sinus infections. Obstructions, deformities, and injuries involving the vocal cords, larynx, nose, neck, and ears are also common problems in childhood. However, tonsillitis, tongue-tie, and ear infections may be the conditions with which most of us are familiar.

Tonsillitis is an infection of the tonsils, which are lymphoid tissues located in the back of the throat. Viruses cause about 85% of the cases of tonsillitis, and bacteria, especially streptococcus, are responsible for most of the rest. Causing sore throat and difficulty swallowing, children may also experience fever, headache, earache, and enlarged, tender glands in the neck. Occasionally, tonsils may become so enlarged the child has trouble breathing. Viral tonsillitis is usually treated with bed rest and Tylenol, while bacterial tonsillitis is treated with antibiotics. When tonsillitis becomes difficult to treat or occurs frequently, the tonsils may have to be removed surgically.

Tongue-tie is a fairly common condition that impairs the use of the tongue. Sometimes, the cord of tissue under the tongue (the frenulum) is too tight, so the tongue cannot move properly. This can impede speech and feeding. In a newborn, sucking can be difficult, resulting in poor weight gain. As the infant becomes a toddler and then a pre-schooler, articulation of sounds is affected. Some symptoms of tongue-tie include the inability to stick out the tongue past the upper gums, the inability to touch the roof of the mouth with the tongue, difficulty moving the tongue from side to side, and a v-shaped notch at the tip of the tongue. If the condition is allowed to persist, dental problems may result. A simple surgical procedure can correct this condition. Often, it can be done in a physician's office using local anesthesia.

Ear infection is normally classified as either external or middle ear. External, or otitis externa, is an

infection involving the outer ear canal (swimmer's ear) that results in redness, swelling, pain, and drainage. It is usually treated with antibiotic or antifungal eardrops. However, otitis media (middle ear infection) is much more common. More than 90% of children have at least one middle ear infection by the time they are two years old. Some children begin having ear infections before they are six months old. Common symptoms of a middle ear infection include pulling on the ear, sleeplessness, fever, decreased appetite, and increased irritability or behavioral changes. Viruses or bacteria also may cause these infections. Although the infection may run its course and be resolved without treatment, complications may arise. These include a perforated eardrum, hearing loss, or mastoiditis (an infection of the mastoid bone behind the ear.) More serious complications include meningitis, brain abscess, and blood clots in the vessels in the brain. While some doctors prefer to see if the infection goes away without treatment, many physicians prefer to treat middle ear infection with antibiotics to avoid the possibility of more severe complications. Sometimes, a doctor will recommend that tubes be placed in the child's ears to keep the air flowing normally so fluid will not become trapped behind the eardrum.

To learn more about disorders of the ear, nose, and throat common in children, or to find out about otolaryngology, contact the American Academy of Otolaryngology at 703-836-4444, or at www.entnet.org. Further information is available online at www.allergy preventioncenter.com and www.pediatric-ent.com. Information about this or other public health concerns is available at the Central Connecticut Health District, 860-721-2822 or www.ccthd.org.