



UNDERSTANDING

# PEDIATRIC ENT HEALTH

## Pediatric ENT Health

Ear, nose, and throat issues are very common in children, with ear infections, runny noses and tonsillitis being among the top reasons for children's doctor visits. Children also experience more serious disorders, such as hearing loss and sometimes even head and neck masses.

When your child has chronic infections that don't respond to conventional treatment or has a more serious condition, your child's pediatrician will likely refer you to an otolaryngologist (ear, nose, and throat specialist).



Otolaryngologists diagnose and  
treat ENT issues in  
**PEOPLE OF ALL AGES, FROM  
NEWBORNS TO THE ELDERLY**



# EAR CONDITIONS

## Ear Infections

Five out of six children will have at least one ear infection by their third birthday. In fact, ear infections are the most common reason parents bring their child to a doctor.

Ear infections are caused by pressure fluctuations in the middle ear. Young children develop this due to poor positioning and functioning of the eustachian tube. In older children, large adenoids and allergies also play a role. As a result of negative pressure, bacteria -- which start in the nose during a cold or upper respiratory infection - - are pulled into the middle ear space. The eardrum becomes red and infected, causing pain and fever.

Ear infections typically respond well to antibiotics. While not usually serious, fluid build-up and pressure in the ear can affect a child's ability to hear properly.

Recurring or long-term hearing impairment caused by ear infections can lead to delays in speech development. Children who experience recurring ear infections should be evaluated to determine the cause of frequent infections and whether ear tubes would be beneficial.

## Ear Tubes

Chronic fluid build-up in the ears can cause recurrent ear infections. The underlying reason for the fluid and infections is negative pressure in the middle ear space. Some patients with recurrent ear infections may benefit from having pressure equalization ear tubes placed to reduce or eliminate the negative pressure and fluid. Ear tubes are small cylinders, usually made of non-reactive plastic or metal, that are surgically inserted into the eardrum. They create an opening that allows air to flow in and out, maintaining equal air pressure between the middle ear and the outside. This helps ventilate the middle ear and prevents the accumulation of fluid behind the eardrum.

Ear tube placement is a simple and short surgical procedure, usually performed under general anesthesia. The tubes usually fall out on their own within 6-18 months.



## Cholesteatoma

A cholesteatoma is an abnormal, but benign, growth in the ear canal or middle ear space. It can be present at birth but is more commonly caused by frequent ear infections. Inflammation from ear infections create pressure in the middle ear that causes the weakened eardrum to retract. This retraction collects skin and earwax, which leads to a cholesteatoma. A cholesteatoma can also be caused by a poorly functioning eustachian tube.

If not treated, a cholesteatoma will continue to grow and eventually cause hearing loss, dizziness, and facial muscle paralysis. The typical treatment for cholesteatoma is surgical removal.

## Swimmer's Ear

Otitis externa, also known as swimmer's ear, is an infection in the ear canal, usually caused by trapped water that creates a moist environment, aiding the growth of bacteria. It's common among swimmers but can also be caused by bathing and other prolonged exposure to water. It causes itching, a feeling of fullness in the ear, pain, and drainage. Treatment typically involves antibiotic eardrops, sometimes in combination with oral antibiotics. While not usually serious, if not treated swimmer's ear can lead to temporary hearing loss and chronic ear infections.



To prevent swimmer's ear, children should be taught to tilt their head to allow water to drain after swimming and bathing. If swimmer's ear occurs frequently, ear plugs should be worn when exposed to water.

## Hearing Loss

Three million children under the age of 18 have some kind of pediatric hearing loss. Even minor hearing loss can significantly affect a child's ability to develop communication, language, and social skills. Children may exhibit hearing loss through the following behaviors:



- Can't understand what people are saying
- Doesn't respond or responds with incorrect information
- Speaks differently than other children of the same age
- Turns up the volume on electronic devices
- Has speech or language delays
- Watches others in order to imitate their responses and reactions
- Says "what?" or "huh?" often
- Watches a speaker's face very intently (lip reading)

Depending on the cause and severity of hearing loss, treatments can include removal of ear wax or foreign objects, treating an infection with antibiotics, surgery, hearing aids, cochlear implants and a combination of speech therapy, or assistive listening devices.



# NASAL CONDITIONS

## Nosebleeds

Nosebleeds can be caused by dry air, picking the nose, blowing the nose too hard, injury to the nose, colds, and allergies. Sometimes there is no specific cause. While it can be uncomfortable and even scary for children, nosebleeds usually aren't serious. If your child has a nosebleed, keep your child upright and leaning forward slightly. Do not have him lower his head, which can worsen the bleeding, or lie down, which can cause him to swallow blood. Gently pinch the nose for 10-15 minutes. Once the bleeding stops, instruct your child not to touch, rub or pick his nose for 2-3 days to allow the broken blood vessels to heal.

Running a cool mist humidifier and rubbing the inside of the nostrils with petroleum jelly can help prevent nosebleeds in dry climates. Teaching your child not to pick his nose, properly treating allergies, and avoiding smoking around your child can also help prevent nosebleeds.

## Pediatric Sinusitis

Sinusitis (sinus infection) is common in children and can be caused by viruses, allergies, or bacteria.

Antibiotics are typically prescribed for pediatric sinusitis. In severe or chronic cases, your physician may recommend removal of the adenoids or other surgical procedures to open the sinus passages to allow for better drainage and air circulation, which should reduce the number and severity of sinus infections.

## Nasal Obstructions

Breathing through the mouth and noisy breathing can indicate a nasal obstruction. Common causes of nasal obstruction in children include:

### Rhinitis

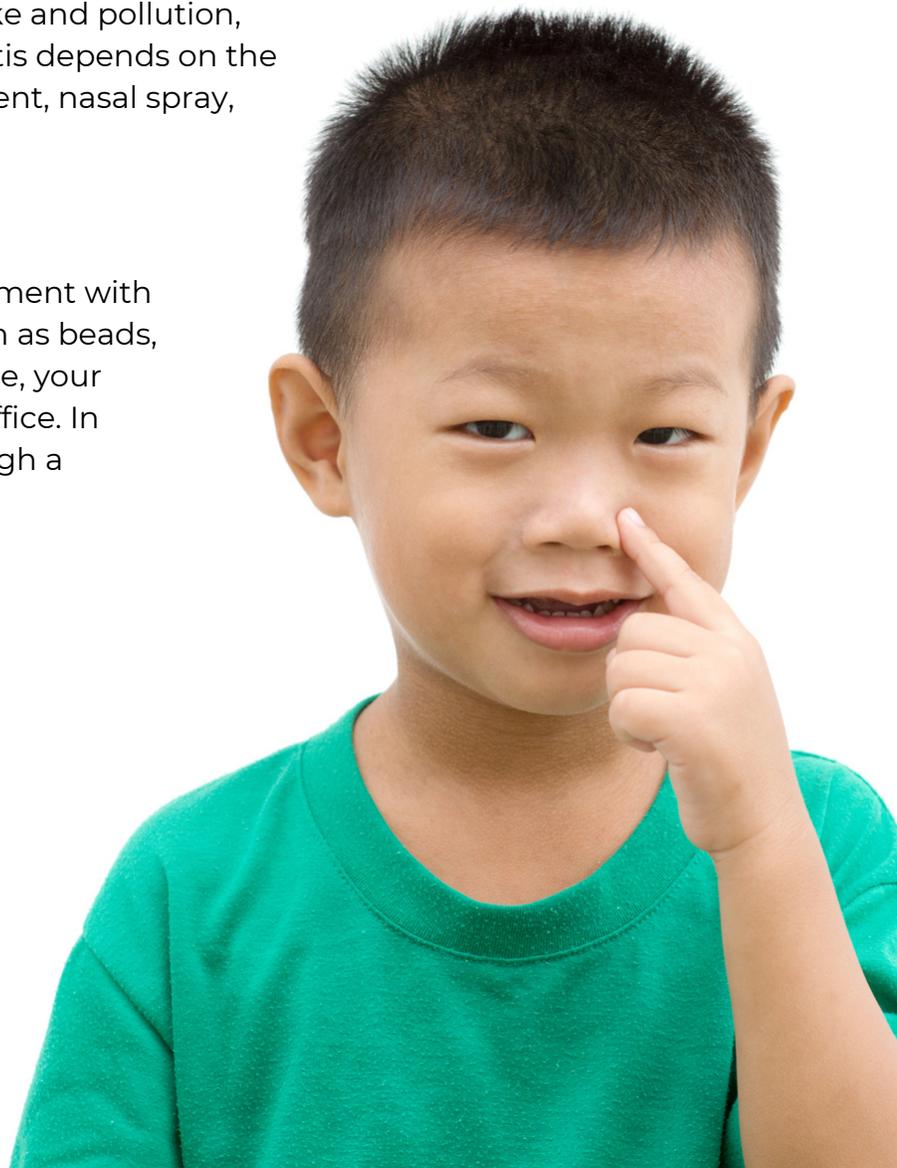
Swelling or inflammation of the lining of the nose caused by allergies, irritants like smoke and pollution, and infection. The treatment for rhinitis depends on the cause and can include allergy treatment, nasal spray, use of a humidifier, and antibiotics.

### Foreign objects

Children are curious and often experiment with placing small items in their nose, such as beads, buttons, or small toys. Most of the time, your physician can remove the object in-office. In other cases, it may be removed through a simple surgery.

### Choanal atresia

In choanal atresia, the back of the nasal cavity is blocked with either tissue or bone. It can affect one (unilateral) or both (bilateral) nasal passages. Unilateral cases can often be managed with supplemental oxygen as needed, while bilateral cases are more severe and often require surgery.





# THROAT CONDITIONS

## Tonsillitis

Tonsillitis is an infection of the tonsils (tissue on either side of the back of the throat). It is seen frequently in children four to seven years of age and continues less frequently throughout late childhood and adult life. The majority of cases are caused by viruses such as the common cold, but it can also be caused by a bacteria called Streptococcus, in which case it's called "strep throat." Bacterial tonsillitis is treated with antibiotics. In cases of severe, recurring tonsillitis, removal of the tonsils may be recommended.

## Laryngomalacia

Laryngomalacia is the most common cause of noisy breathing in infants but can also occur in older children. It is a condition where parts of the larynx (voice box) are too soft. In a normal structure, the larynx is strong enough to remain open when air flows through it. With laryngomalacia, the soft tissue collapses, causing noisy breathing. In many cases, it resolves on its own by the time the child is two years old. In severe cases, it can be life-threatening, with breathing so restricted that the child turns blue, or difficulties with feeding that lead to weight loss. In these severe cases, surgery is recommended.



## Enlarged Tonsils and Adenoids

Tonsils and adenoids are small lumps of tissue that help the body fight infection. The tonsils are located in the back of the throat and the adenoids are located in the back of the nose. These tissues can become irritated and inflamed, causing them to swell. This swelling, or enlargement, can lead to snoring, chronic mouth breathing, obstructive sleep apnea, and/or difficulty swallowing. Chronic mouth breathing from large tonsils, adenoids, or both can lead to higher arched palates and poor dentoskeletal formation. Surgical removal of enlarged tonsils and adenoids is frequently recommended.

**Tonsillectomy and adenoidectomy are often outpatient surgeries. Children typically recover in 2-3 days.**



# OTHER CONDITIONS

## Asthma

In asthma, the airway becomes constricted, causing coughing, shortness of breath, tightness in the chest, and wheezing. This condition can be brought on or worsened by activity, exercise, cold weather, environmental irritants, or allergies. Pediatric asthma is most often brought on by allergies. ENTs have a critical role in the treatment of any ear, nose, and throat conditions that may occur with asthma and trigger asthma symptoms, including allergic rhinitis, chronic rhinosinusitis, and laryngopharyngeal reflux.

## Allergies

Like adults, children can suffer with allergy symptoms from exposure to pollen, mold, pet dander, food, medicines and more. Allergies in children can cause sneezing, itchy eyes, ears, nose, and throat, ear pressure, dry, red eyes, and coughing. In extreme cases, a child can experience anaphylaxis, when the air passages swell and close. This reaction can be life-threatening and requires an injection of adrenalin (Epi-Pen). Your physician will perform skin or blood tests to determine the source and severity of the allergen. Treatment for pediatric allergies include nasal spray, eyedrops, antihistamines, decongestants, allergy shots or sublingual (under the tongue) drops.



## Cleft Lip and Palate

Cleft lip and cleft palate (the roof of the mouth) are birth defects that occur when the lip or mouth do not form properly during fetal development. These conditions can make it difficult to eat and speak clearly and can also cause hearing problems and ear infections. Surgery is almost always recommended and should occur within the the first few months of life to prevent related problems.

## Head and Neck Masses

Enlarged lymph nodes are very common in children, appearing as swelling or a mass on the neck. They're almost always caused by an infection and are accompanied by other symptoms of the infection such as nasal congestion, sore throat or fever, and resolve when the infection clears.

In rare cases, a neck mass may indicate a tumor of the lymph nodes (Hodgkin or non-Hodgkin lymphoma), muscles and soft tissues (sarcomas), or the endocrine and salivary glands (thyroid and parotid neoplasms).

Other neck masses are congenital (present from birth). Congenital neck masses are almost always benign; however, depending upon their size and location, they can interfere with eating, drinking, breathing or rotation of the neck.



## **Trust Florida Gulf Coast ENT for Your Child's ENT Health**

With expert understanding of the anatomy and functioning of the ears, nose, throat, and related parts of the head and neck, Florida Gulf Coast ENT physicians evaluate, diagnose and treat children and adults. The physicians at Florida Gulf Coast are experienced and compassionate. Your child will receive excellent care in a soothing and comfortable setting. As a parent or caretaker, you can feel confident that your child's ear, nose, and throat health is in good hands.





We proudly offer exceptional compassionate service that includes a full spectrum of adult and pediatric diagnostic, therapeutic and surgical services for problems involving hearing, sinus and throat.

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