

## Rancho ENT

### **The link between children, colds, ear infections, sinus infections, and tonsils and adenoids infections**

It's the time of the year for holidays, celebrations, vacations, and yes, unfortunately, the time of the year for many of our young ones to bring home the sniffles. While getting the usual cold is perhaps unavoidable, stopping the chain from progressing to ear infections and sinus infections should help our children feel better faster.

So how does the chain work? Why are children such easy targets? The answer is that small noses have tight spaces which easily get blocked with even the smallest amount of swelling. When these tight spaces get blocked, normal routes of communication for air and fluid flow in the ears and sinuses to the nose also get blocked. When mucous or fluid builds up in the ears or sinuses and is unable to drain, the mucous gets stagnant. This stagnant mucous becomes a ready target for bacteria and thus an infection most likely will occur.

Children are also easier targets than adults for infections because our body's defense system is one which will only get wiser with time. In essence, the body helps to prevent infections by remembering how it fought a particular virus or bacteria the first time, limiting or even preventing a second infection to the same virus or bacteria in the future. Hence, adults get less infections than children because their immune system is more experienced. A typical adult gets about three colds per year, while a child may get six or seven.

So how do we prevent the chain? First and foremost, we prevent the chain from ever starting. Simple things like washing hands, avoiding sharing of drinks, covering our mouths and noses with our elbows or arms during sneezing and coughing, are the basic measures which we all already teach our children.

If the chain starts, as it typically will with a cold, consider using over the counter cold medicines with a decongestant, if your child is otherwise healthy **and over 2 years of age**. If you are unsure about your child's health, check with his or her physician, but most children **over 2 years** are able to take decongestants without trouble **when given in appropriate doses (under 2 years check with a doctor first)**. The decongestant will help keep the sinuses and the ears from building fluid by decreasing the swelling in the nose. Decongestant medications typically used are medications such as pseudoephedrine or phenylephrine which are usually grouped with other medications for cough and fever (i.e. Tylenol Cold or Dimetapp). Children's Tylenol can be used in addition to a decongestant if the decongestant product does not have Tylenol in it. Tylenol can be used to help with fevers and can help your child feel better. Chicken soup and steam can be added if desired.

Colds are generally marked by congestion, runny nose, and a low grade fever, as well as a mild sore throat. Almost all colds are caused by viruses, which do not respond to

antibiotics. However, colds can lead to bacterial infections as we described above, at which point antibiotics may become necessary. Drainage for a typical cold is clear to hazy. If colored drainage, bad breath, or higher fever is noticed, a call or visit to a physician is warranted. Most colds improve within 5-7 days, but if your child is not showing improvement in this time frame, a visit to the doctor could also be worthwhile.

Sore throat without nose congestion, or a particularly bad sore throat also warrants evaluation and a throat culture to help distinguish viral infections from strep throat which will require antibiotics to get better. Development of ear pain or fluid draining from the ear is also an ominous sign for the development of a bacterial ear infection which may also require antibiotics to get better.

As we mentioned, frequent colds are expected in our younger children as a part of their immune system's learning process. However, frequent infections of the ears, sinuses, and throat should not be considered normal and can be harmful to your child's health. Frequent ear infections may lead to hearing loss from fluid build up in the ears, or even more serious ear conditions. Frequent throat infections can lead to swollen tonsils and adenoids causing night time breathing problems such as snoring, sleep apnea, as well as increased frequency of ear and throat infections from bacteria that stay in the tonsils and adenoids. Treatment with medication or surgery may be indicated in these situations. In these situations, a visit to an ear nose and throat specialist may be helpful.

If you are concerned about your child's health or wish to learn more about what was discussed in this article, please visit our website at [www.ranchoent.com](http://www.ranchoent.com) or call us at our office 858-674-1165.

I wish you and your children the best of health.

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