

Mastoiditis

Advice intended for parents / carers taking their child home after seeing a hospital based healthcare professional



Mastoiditis is a serious bacterial infection that affects the mastoid bone behind the ear.

Symptoms

- Redness, tenderness and pain behind the ear
- Swelling behind the ear, that can cause the ear to stick out
- Fever, misery and tiredness
- Headache
- Discharge from the ear

Causes

Mastoiditis can develop if the mastoid bone becomes infected or inflamed, often as a result of a chronic middle ear infection (otitis media). The bacteria from the middle ear spread to the mastoid cells and this can cause the bone to break down.

Treatment

Mastoiditis needs to be treated promptly with intravenous (given into a vein) antibiotics. Children who need intravenous antibiotics are usually admitted to hospital. Some children may be able to be at home for part, or all of, the intravenous antibiotic course. These children would come into hospital once a day for someone to look at them and for their antibiotics to be given.

The decision on when to change from intravenous to oral antibiotics (tablets or liquid) will be made by the medical team caring for your child. This will depend on how quickly your child responds to treatment (improvement in fever, pain and sometimes their blood tests) and whether your child has other health conditions. Antibiotics are usually given for a total of 10 days. You can give regular pain relief (Paracetamol or Ibuprofen) until any discomfort has improved.

In some cases it may be necessary to have an operation to treat the infection. The most common procedure is a myringotomy, where the surgeon makes a small cut in the eardrum to drain the middle ear. They may or may not put in a grommet at the same time. Sometimes a surgical approach to directly drain the mastoid cells or remove them is needed (called a mastoidectomy).

Complications

Most children recover without any complications. However, mastoiditis can very occasionally cause thrombosis (clotting of blood vessels), meningitis and brain infection (brain abscess). If any of these complications are suspected, your child may have to undergo further investigations or procedures. It is very important to have your child reviewed by a doctor if they show any signs of failure to improve or deterioration, or develop weakness, drowsiness, a worsening headache, vomiting or double vision.

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Complications *continued*

If you are concerned that your child's condition is getting worse, you should contact your discharging ward on:

Telephone number:

Things to look out for include:

- Fever
- Fast heart beat
- Fast breathing
- Changes in behaviour, such as confusion or disorientation
- Increase in pain
- Increase in area of redness

Call 999 for an ambulance if you have serious concerns for your child.

Prevention

It is difficult to prevent mastoiditis. Most ear infections in children do not need antibiotic treatment and complications such as mastoiditis are extremely rare. It is important that your child completes their course of antibiotic, to prevent it from recurring.

For further information on helping to keep your child healthy, see the Healthier Together website: www.what0-18.nhs.uk