

Eyes, Ears, Nose, Throat

Ears, Eyes, Nose, and Mouth

If matter accumulates in the corners of the eyes, wipe with a clean cloth or cotton balls dipped in water. You may gently clean the nose and ear canal openings with a moist Q-tip™. Do not stick the Q-tip™{ XE "Q-tip™" } into the ear or nose. Never wash or wipe out the mouth.

Earaches

Ear pain{ XE "ear pain" } sometimes accompanies a cold. Earaches{ XE "earaches" } can go away in thirty minutes or up to a couple of hours without treatment. Using a portable hair dryer, try blowing warm air into the ear to relieve the pain. Propping your child up may also help reduce ear pain. Ear drops cannot cure common middle ear infections. You should make an appointment if pain lasts more than 10 minutes, if fever persists, or drainage from the ear or hearing loss occur. Although it has been estimated that 80% of ear infection should resolve without medications most pediatricians will treat children under two years with antibiotics.

Your child's eyes

Your child's eyes is the title of a publication from the American Academy of Pediatrics on which this topic is based. We know that the earlier eye problems{ XE "eye problems" } are discovered, the better the outcome. I too want the best possible vision for your child and would like you to read part or all of this article about guidelines for your child

Babies can see from birth. Their vision isn't developed completely though. The fine detail that will be achieved later is missing. Babies can distinguish bright colors well and are good at dark and light contrasts.

Babies can see small objects as early as 3 to 4 months. They can distinguish between some colors well, especially reds and greens. They can decide if a face is real or drawn.

At 4 months their eyes work in a fine, coordinated manner and have some depth perception.

Signs of problems <1 year old

Your baby is not making eye contact between 2 to 3 months. Constant eye crossing{ XE "eye crossing" } or one eye that turns outward is probably abnormal. Babies over 3 months of age should be able to follow a moving object. You can test this by moving a brightly colored toy in front of their eyes, although you should avoid distracting them with your voice so you can get an accurate idea.

Older children might give different cues to their eye difficulties. If their eyes seem to be miss aligned crossing or straying outward or inward, you should call for an appointment to confirm the problem and get directed for consultation. This is a common problem and is usually corrected with glasses, but it can indicate other medical conditions.

Some children are noticed to have a white pupil. This can indicate anything from a cataract to a tumor of the eye. It requires your immediate attention and a call for a eye exam.

Other children can complain of eye pain or redness of the eye. This can be caused by a minor eye infection like pink eye or a more serious disease of the eye. I can usually determine the cause after a brief visit.

These are warning signs of eye problems that you could notice at any age:

Your child's eyes flutter up and down or side to side.

The eyes are always watery.

The eyes are always sensitive to the light.

Any change in the eye from their normal appearance

If you see white, yellow-white, or grayish-white material in the pupil

There is redness in either eye that does not go away in a couple of days

There is continued pus{ XE "pus in eye" } or crust in either eye

The eyes are crossed, turn out or don't focus

Your child often squints

Your child often tilts or turns his or her head

The eyelids appear to droop
The eye appears to bulge

Vision screening

Vision screening{ XE "vision screening" } starts with the my first visit in the hospital with your baby. Some babies were born prematurely or required prolonged periods of oxygen. I recommend an eye specialist for a detailed exam.

I check the alignment of babies eyes during the following six months.

By the age of 3 or 4 eyes are examined more closely and any history of problems is evaluated.

At the age of five a thorough eye examine is necessary. I am able to pick up problems with visual acuity or diseases of the eye.

Many infants appear to have eyes that appear crossed when they are not. This false crossing is caused by the normal widened bridge of the nose. Most children lose the appearance of the crossed-eyes as they grow.

Four out of every 100 children will have one or both eyes that are misaligned. One eye will look forward while the other turns inward, outward, upward, or downward. Some children are born with eye muscles that need lengthening or are too tight. Surgery is required to correct the problem. Other children have a problem with farsightedness and this causes their eyes to turn off at an incorrect angle. This can be corrected with glasses. Because children may compensate for poor vision in one eye, they turn off the vision in the weaker eye and this leads to Amblyopia (lazy eye) or loss of depth perception. In some rare situations a cataract or eye tumor can cause an eye to turn out of alignment.

Amblyopia

Amblyopia{ XE "amblyopia" } is reduced vision in one eye because of lack of use. It occurs in one eye only. Any condition that interferes with normal vision can hinder the development of vision and result in amblyopia. About 2% of children are affected by Amblyopia. Some of the causes of Amblyopia are strabismus{ XE "strabismus" } (eyes misaligned), droopy eyelids or ptosis, cataracts, or refractive errors. Early treatment will provide the best outcome, but vision lost from amblyopia will not return to normal.

Cataract

Cataracts are damaged lens of the eye. They are clouded and prevent the normal amount of light from penetrating to the retina. Cataracts can appear at birth or any time afterward. Injury can cause the formation of a cataract. Early detection of cataracts{ XE "cataracts" } is essential to allow the normal development of vision. It is very important to discover them early to allow the best chance for good vision. Cataracts are not common in infancy or childhood and there is no relationship to the cataracts found in older age groups.

Glaucoma

Glaucoma{ XE "glaucoma" } is a condition where pressure inside the eye rises too high. Glaucoma can cause total blindness and requires early treatment. Warning signs include tearing, eye pain, and sensitivity to light. You might notice spasms of the eyelids, an enlarged eye or cloudy cornea. Glaucoma usually requires surgery to prevent blindness.

Tear duct

The tear duct{ XE "tear duct" } system is an important part of the eye's protective mechanism.

It starts functioning fully within the first few months of life. For some infants, the process of opening is delayed up to 9 months. You might notice increased tearing in one or both eyes. Sometimes this excessive tearing can be a result of other medical conditions like glaucoma. If you notice continued tearing you should call the office for an appointment. You can try gentle massage{ XE "eye massage" } near the eye to open the tear duct. I can show you a massage technique in the office. If massage and a reasonable waiting period are not followed by normal tearing, probing the tear duct could be necessary. If necessary, I can refer you to the eye surgeon who will do the probing procedure.

Ptosis

Ptosis{ XE "ptosis" } or drooping eyelids{ XE "drooping eyelids" } is a description of eyelids that don't open completely. This is caused by muscle weakness in the eyelids. If there is a mild degree of weakness no serious problems occur and no treatment is required. In some situations the weakness is so severe it interferes with normal vision. If the ptosis is present in infancy, it is essential that it is corrected promptly so that normal vision develops. When the weakness is severe, surgery is required to repair it.

Blepharitis

Swollen eyelids{ XE "swollen eyelids" } or blepharitis{ XE "blepharitis" } is an inflammation in the oil glands of the eyelid. You will notice swollen eyelids and crusting of the eyelashes. This is most common in the morning. The eyelids might also be tender and cause a feeling of something in the eye. Blepharitis is usually treated with warm compresses. If an infection develops antibiotics might be necessary. If you notice this condition you should call the office for an exam.

Conjunctivitis

Conjunctivitis or "pink eye{ XE "pink eye" }" will be noticed as a reddening in the white part of the eye. You will notice excessive tearing, a pussy discharge, a feeling of something in the eye, or itching. Conjunctivitis can happen at any age and at any time of the year. For most children it is caused by a viral or bacterial infection. It can also be caused by an allergy or an irritation from chemicals or smoke. Depending on the cause of conjunctivitis I might treat the eye with eye drops or ointment. Usually eye discharge that is yellow or green are most likely to be helped by antibiotics. Good hand washing helps prevent the spread of the infection to other members of the family or friends. If the conjunctivitis is in a preteen or teenage girl and eye makeup is used, consider the makeup contaminated and toss it away and don't restart makeup until the infection is gone – about five days.

Corneal abrasions

Corneal abrasions{ XE "corneal abrasions" } or scratched cornea { XE "scratched cornea" } occurs when the outermost layer or surface of the eye is injured. These scratches of the eye cause tearing and sometimes severe pain. The most common treatment is patching of the eye. I might also prescribe antibiotics or topical pain relievers. I can often diagnose and treatment these injuries, but on the first exam I will determine if the injury requires consultation with an eye specialist or ophthalmologist. I do not treat eye infections without an office visit.

Myopia

Nearsightedness{ XE "nearsightedness" } or myopia{ XE "myopia" } is common in children and makes it difficult to see objects clearly when they are far away. This condition is rare in infants and toddlers, but is much more common as children approach school age. Eyes can correct the vision problem but they will not cure the condition. The condition will usually progress through the teen-years, so I recommend yearly vision screening. This can be done by an optometrist or ophthalmologist.

Hyperopia

Farsightedness{ XE "farsightedness" } or hyperopia{ XE "hyperopia" } is normal in most infants and children Mild degrees do not require correction and only should be monitored if the eyes are crossing or visual difficulties become excessive. This condition can be corrected with corrective glasses.

Astigmatism

Astigmatism{ XE "astigmatism" } is a condition where the cornea is irregularly shaped. It can cause blurring of vision and might require glasses for correction.

Swimmer's ear

During the summer months, each day I see several infections of the ear canal

called swimmer's ear{ XE "swimmer's ear" }. "All that swimming, my kids are in the water all day", according to many parents. Children and adolescents don't have many cold-like symptoms, but it really hurts to touch their ear(s). On exam, I notice a pain ear during the exam. It is hard to look into the ear canal without the child jumping off the table. The ear canal itself is swollen and red.

The normal child's ear canal is protected with flaky skin and wax. After exposure to high humidity or moisture the canal can easily be invaded by opportunistic bacteria or fungi. The natural lining of the canal is acidic and will prohibit growth of bacteria but this becomes neutralized with constant water in the canal. After my exam, treatment consists of topical antibiotics and steroids to reduce the swelling and growth of the bacteria. Treatment lasts about five days but could last longer depending on the severity of the infection and the consistency of treatment.

With the warm the Fresno and Clovis weather, some families have their children in at least once each summer. It doesn't have to be so. After swimming, get the water out of the ear. I recommend a hair dryer on the lowest setting for several minutes in each ear. This usually works. Avoid touching or scratching the ear. Scratching increases the chances of introducing bacteria into the inflamed and swollen canal. Children with a history of wax build up or foreign material build up in the ears should be irrigated with warm water periodically. 20 cc syringes can be found at all pharmacies. Use the silicon type ear plugs to reduce the amount of water entering the canal. For those kids who loose the ear plugs, consider using a tight-fitting swim cap or wet suit hoods. Most over the counter ear drops for swimmers ear don't work well. You should look for drying agents for the ear. You can ask your pharmacist. These drying agents should not be used if there is any pain or tenderness in the ear at the time.

I don't treat swimmers ear infections over the phone. A surprising number of children have infections of the middle ear (otitis media{ XE "otitis media" }) along with the canal (otitis externa{ XE "otitis externa" }). By treating over the phone I might under treat a more serious infection or miss fluid which can later interfere with hearing. The treatment is not the same. An oral antibiotic is used with common ear infection whereas a topical antibiotic is used with ear canal infections.

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Nose bleeds or epistaxis

Nose bleeds are common in childhood. Bleeding can panic your child and the appearance of blood can be frightening to you. Stay calm and try to be reassuring because your anxiety can aggravate the situation. Nose bleeds{ XE "epistaxis" } usually stop in minutes without treatment. The amount of blood will not affect your child's health because the volume of blood is so small and it is quickly replaced.

Have your child sit straight and tip the chin downward. Pinch the soft end of the nose firmly for about five minutes continuously. If the bleeding persists, you may be pinching the wrong part. Reposition your fingers and repeat this up to two times or a total of 15 minutes. If the bleeding still persists, call me. Do not apply ice to the forehead or have your child lay on his or her back. Blood draining into the stomach can be irritating to the stomach lining and cause nausea or vomiting later.

Most nose bleeds are caused by intentional scratching or picking the nose. Asking your child to admit this is fruitless. Bleeding on the pillow at night occurs when your child does this while sleeping. To reduce this, cold medications can reduce the build up of mucus and reduce allergic itching. Humidifying the air helps too. Soften the outer nasal passages with Vaseline™.

Styes and chalazion

Styes{ XE "styes" } are infections of the glands along edges of the lids of the eye. These small abscesses appear like red, tender bumps. They grow quickly and within a few hours or a day, they are full size. Chalazion{ XE "chalazion" } is a condition commonly confused with a sty. It is a bump within the lid not usually along its edge and grows slowly over weeks or months. A Chalazion is a fluid filled cyst. Styes are a bacterial infection and a chalazion is probably the result of an irritation or defect in the lid. Chalazions are treated and

removed by an eye surgeon. While I can advise you how to treat a sty, if you aren't sure which you has, you can treat it as a sty without harming the eye.

Treat styes by applying warm compresses for 5 to 10 minutes 3 or 4 times a day. The warmth allows the infection to form a tip which will drain. The drainage does not usually require any antibiotics. Antibiotics will be of little benefit in most situations. If the sty does not improve after a couple of days, call my office for an appointment so I can determine the nature of the condition.

Blocked tear duct

Your child's eyes need to be clean and protected from fine materials that may lodge in them. In infancy, the natural drain for tears may not be well developed or it may even be totally blocked{ XE "blocked tear duct" }. In most cases, you will clearly see tears flowing from one or both eyes without any obvious cause. In time this blockage will open without any special treatment.

In the past I recommended a circular massage, applying even pressure at the space between the bridge of the nose and the inner corner of the eye. The massage lasts for about a minute, four times a day. Within weeks the tearing decreases or disappears. Some believe there is little benefit from the massage, but I have not seen any harm from this simple action.

Some children develop secondary eye infections without any obvious cause or following a common cold or sinus infection. These infections often require antibiotic drops and this is done at the office visit. If there is no improvement by six to 9 months of age, I recommend a second opinion from an eye specialist. The ophthalmologist will determine if surgical probing is necessary to open the blocked tear or lacrimal duct.

Canker Sores

Canker sores{ XE "canker sores" } are painful recurrent ulcers of the mouth which appear on the lips, gums, inner cheeks, tongue, palate and throat. They are as small, shallow depressions in the lining of the mouth with sharp borders covered by a gray membrane and surrounded by a intense red halo. Tingling and burning sometimes precedes them by a day. During the first two to three days, canker sores are painful and can interfere with eating and drinking. Most sores heal without scarring within two weeks.

The cause of canker sores is not known but stress appears to be a contributing factor. Cankers don't look quite like fever blisters and their treatment differs too. I suspect a viral cause will be found in the future.

Because of a accompanying pain a child may not drink or eat normally. It is important to maintain a good intake of liquids, but citrus or salty foods will irritate the sores. I occasionally prescribe or recommend local pain relievers. Speak to your dentist too. Dentists deal with the mouth and these are common problems dentists feel comfortable treating. Orabase™{ XE "Orabase™" } works well but is not tolerated by young children because it feels gritty.

A similarity with fever blisters is the recurrence rate for both. Most people have canker sores more than once. If you notice a fever, bad odor or facial swelling, please call the office because a secondary infection can be present.