

evidence that antibiotics improve outcomes in children younger than 2 years old with uncomplicated AOM. However, the watchful waiting approach is not recommended for children younger than 2 years old who have persistent acute symptoms of fever and severe ear pain ([Kerschner and Preciado, 2016](#)). In addition, all cases of AOM in infants younger than 6 months old should be treated with antibiotics because of their immature immune systems and the potential for infection with bacteria.

When antibiotics are warranted, oral amoxicillin in high doses (80 to 90 mg/kg/day divided twice daily) is the treatment of choice for initial episodes of AOM in children who have not received antibiotics within the past month ([Lieberthal, Carroll, Chonmaitree, et al, 2013](#)). The recommendation for the duration of antibiotic therapy in severe AOM is 10 to 14 days; in children 6 years old and older with uncomplicated AOM or with a moderate or mild infection, a 5- to 7-day course may be sufficient ([American Academy of Pediatrics Committee on Infectious Diseases and Pickering, 2012](#)).

Second-line antibiotics used to treat OM include amoxicillin/clavulanate and cephalosporins (such as cefdinir, cefuroxime, and cefpodoxime). IM ceftriaxone is used if the causative organism is a highly resistant pneumococcus or if the parents are noncompliant with the therapy. An important consideration with the use of single-dose IM injections is the pain involved in this therapy. One strategy to minimize pain at the injection site is to reconstitute the cephalosporin with 1% lidocaine. A topical analgesic cream such as LMX4 or EMLA can also be applied to the site beforehand to reduce pain.

Supportive care of AOM includes treating the fever and pain. Topic pain relief is recommended by external application of heat or cold, or the practitioner may prescribe topical pain relief drops such as benzocaine drops. Antibiotic ear drops have no value in treating AOM.

Myringotomy, a surgical incision of the eardrum, may be necessary to alleviate the severe pain of AOM or OME. A myringotomy is also performed to drain infected middle ear fluid in the presence of complications (mastoiditis, labyrinthitis, or facial paralysis) or to allow purulent middle ear fluid to drain into the ear canal for culture. A minimally invasive laser-assisted myringotomy