



**FIG 4-24** Positioning for visualizing the eardrum in an infant (**A**) and in a child older than 3 years old (**B**).

In neonates and young infants the walls of the canal are pliable and floppy because of the underdeveloped cartilaginous and bony structures. Therefore the very small 2-mm speculum usually needs to be inserted deeper into the canal than in older children. Exercise great care not to damage the walls or eardrum. For this reason, only an experienced examiner should insert an otoscope into the ears of very young infants.

### Otoscopic Examination

As you introduce the speculum into the external canal, inspect the walls of the canal, the color of the tympanic membrane, the light reflex, and the usual landmarks of the bony prominences of the middle ear. The walls of the external auditory canal are pink, although they are more pigmented in dark-skinned children. Minute hairs are evident in the outermost portion, where cerumen is produced. Note signs of irritation, foreign bodies, or infection.

Foreign bodies in the ear are common in children and range from erasers to beans. Symptoms may include pain, discharge, and affected hearing. Remove soft objects, such as paper or insects, with forceps. Remove small, hard objects, such as pebbles, with a suction tip, a hook, or irrigation. However, irrigation is contraindicated if