

HEALTH

CHILDREN AND MIDDLE EAR INFECTIONS

It is the peak season for one of the most common childhood illnesses, and many parents don't even know it, says an ear, nose and throat expert.

"Middle ear infections, otitis media, can occur at any time of the year, but fall and winter are especially bad," said Dr. Newton O. Duncan, an assistant professor of otorhinolaryngology and pediatrics at Baylor College of Medicine in Houston. "Often, parents don't recognize the early signs of middle ear infections, much less that their children may be more susceptible this time of year."

Middle ear infections strike more than 80 percent of children by age 3. Duncan said it cannot be avoided especially since children are often in daycare situations, but it can be treated. The "high-risk" ages are 6 months to 3 years.

Duncan suggest parents watch for early indicators of this painful and potentially dangerous infection.

"At the first sign of fever, fussiness, tugging or rubbing of the ears, upper respiratory infection, nausea or vomiting, or any combination of these, parents should suspect middle ear infection," he said. "It certainly warrants an examination within 24 hours of the onset of

HEALTHWIRE NEWSBRIEFS

HTLV-1 VIRUS MAKING ITS MARK AMONG JAPANESE AMERICANS AND PEOPLE FROM THE CARIBBEAN

In increasing numbers, people from the Caribbean and Japan are testing positive for the virus known as HTLV-1 (Human T-Cell Lymphotropic Virus). Doctors in Brooklyn, N.Y., Miami and Hawaii are seeing particularly high rates of the disease. HTLV-1 is an unusual virus that can lay dormant in the body for 40 years or a lifetime, or develop into neurological disorders or adult T-cell leukemia/lymphoma (cancer of the white blood cells), which can be deadly. Because of the (See Newsbriefs, Page 25)

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symptoms."

Middle ear infections occur when bacteria invades the middle ear causing inflammation. This results in a painful buildup of infected fluid behind the ear drum due to obstruction of the Eustachian tube that leads from the sinuses to the middle ear.

Untreated middle ear infections can result in serious complications such as ruptured ear drum, meningitis, brain abscess, or even hearing loss. Early treatment may prevent such serious complications.

"Antibiotics are the main therapy," Duncan said. Persistent cause may require special antibiotics or surgical drainage."

In more serious cases, ear tubes may be surgically inserted to help relieve fluid buildup and frequently occurring infections. There are vaccine studies underway, but nothing has

proven effective yet, Dunc said.

How can middle ear infections be avoided? Duncan suggests:

* Avoid exposing children to colds, flu or other viruses, although this is often not easy or realistic

* Make sure your child receives the full course of antibiotics. It's important that your child be checked for complete ear healing within four weeks or sooner if any symptoms persist.

* Antihistamines and decongestants are not useful for ear infections, but help in relieving cold and virus symptoms.

* If infections recur, inquire about ear tubes.

"Middle ear infections are extremely common," said Duncan. "So don't let it catch you by surprise. Know the symptoms and seek treatment.

DEPRESSION



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NEW SURGICAL PROCEDURE PROVIDES PERMANENT SOLUTION TO POOR VISION

(DM)—These days James Strong of Detroit, can look at his "coke-bottle" eyeglasses as a reminder of a life forever gone. With permanent, near-perfect vision, thanks to a new surgical procedure called Automated Lamellar Keratomileusis or ALK, Strong no longer has to rely on heavy, ungainly glasses to make his way through the world.



All his life, Strong had to compensate for right eye vision that was so bad it couldn't be measured with standard eye charts. In his career as an international labor relations consultant, Strong relies heavily on eye contact with clients, something he felt was hampered greatly by his heavy eyeglasses. "I had to keep trying to adjust those lopsided glasses on my nose while I was explaining how to communicate effectively," recalls Strong.

Unable to wear contact lenses because of a dry eye condition and fearing he was going blind as his sight continued to worsen, Strong looked to other solutions. His ophthalmologist in Cincinnati referred him to Dr. Francis Price, Jr., at Corneal Consultants of Indiana, Inc. in Indianapolis.

Dr. Price was named one of the top physicians in the country for corneal disease treatment and transplantation in 1992 by the Best Doctors In America. A teacher, lecturer, clinical investigator and author, Dr. Price is also an inventor and holds United States patents for special devices in ophthalmic surgery. Corneal Consultants of Indiana is one of the few practices in the nation participating in the FDA's pre-approval studies for excimer laser surgery.

Strong learned from Dr. Price that

the vision in his right eye was beyond the scope of both laser surgery and the more traditional form of refractive surgery, radial keratotomy. His one hope of regaining his vision was with ALK which involves cutting a small flap on the cornea's surface, removing a tiny amount of tissue under the flap, and then closing the flap. The procedure reshapes the cornea and corrects the refractive error in the eye providing permanent correction of severe nearsightedness and farsightedness.

Dr. Price, who has 10 years experience with ALK, performed the surgery on Strong's right eye, along with radial keratotomy on his left eye, and two other procedures to correct severe astigmatism in his right eye.

Strong describes the results as "phenomenal." "I have 20/20 vision in my left eye and 20/30 in my right. The only time I wear reading glasses is when I have to study legal briefs and readings from the judiciary."

For more information concerning ALK, or other forms of corneal and refractive surgery, contact Corneal Consultants of Indiana, 9002 North Meridian Street, Indianapolis, IN 46260, (317) 844-5530.

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