

# Q&A

Q4

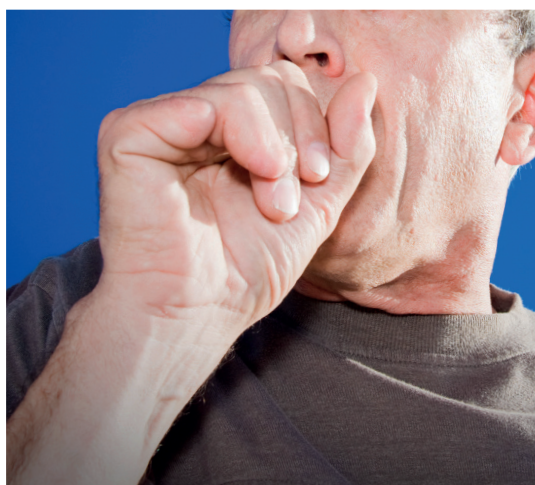
## Every Breath He Takes

**My 65-year-old dad was warded for pneumonia recently. He was discharged after three days, but still has chest pains when he coughs and sometimes even when he breathes. Does it mean that he has not fully recovered from the illness?**

It can take up to three weeks or even longer to completely recover from pneumonia, a condition that can be associated with cough, phlegm, fever and shortness of breath. When someone has a prolonged cough or even a cough for a short period of time, he or she can develop chest pain or aches. This is due to the vigorous movements of the muscles and the ribs caused by coughing. Such pain is not life-threatening and is self-limiting, and will go away when coughing stops. However, if the pain persists despite the complete resolution of pneumonia or cough, medical attention should be sought.

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Q5

## Wet In The Ears

**I can feel fluid in my right ear, and this has been happening for a couple of weeks. I try to clear my eardrum with a cotton bud but that doesn't help. I don't go swimming, neither do I think the condition is due to the showers I take. How could the fluid have entered my ear?**

If the ear canal itself is not wet or obstructed by wax or other foreign objects, there is a possibility of actual fluid accumulating deep in the eardrum, in the space known as the middle ear. The middle ear space contains air and is ventilated via the Eustachian tube that opens into the back of the nose, roughly eight to 10 cm from the nostrils.

If the Eustachian tube is obstructed, for example, due to inflammation from a cold, negative pressure may develop in the middle ear. This can cause fluid from the middle ear lining to accumulate in the space that is supposed to contain air. However, this is usually temporary and the fluid will normally clear once the Eustachian tube starts working again. Using a spray to reduce inflammation in the nose may speed up this process.

If the fluid persists for a few weeks, it is important to get it checked to ensure there is no growth or lump in the back of the nose that is physically blocking the Eustachian tube.

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