# Otitis Externa

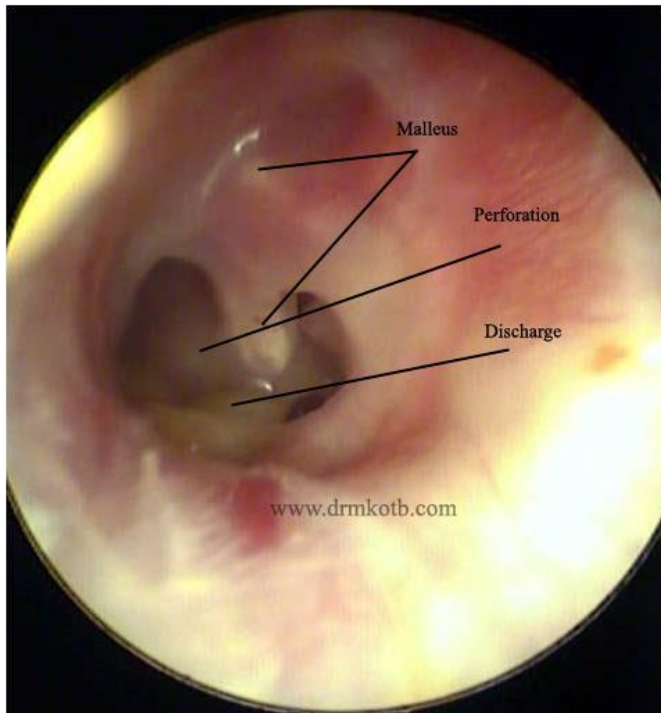
Marian Malak
GPST1

- 61 yo F in acute clinic
- 3 /52 Right sided otalgia, discharge, hearing loss

BG: recurrent otitis externa & previous perforated TM, recently DNA'd O/P ENT appointment

heavy smoker, hypertensive, no diabetes

- 1st GP visit-

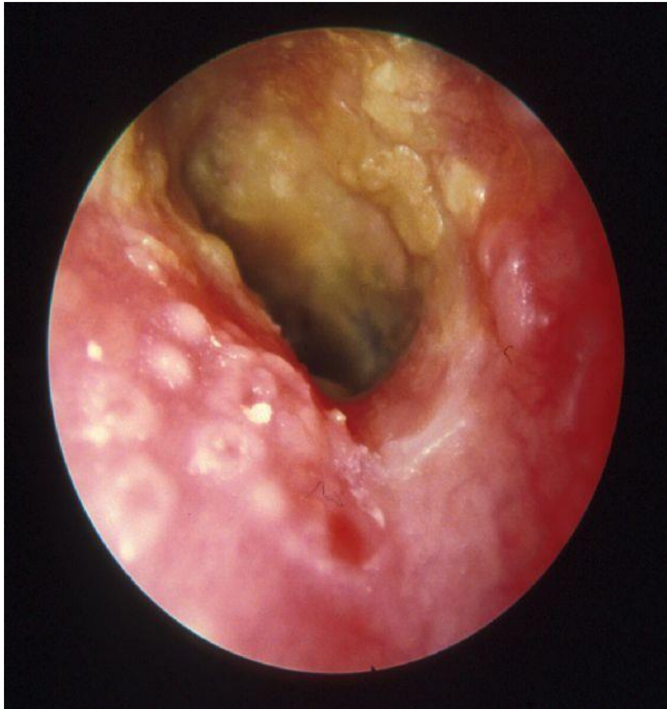



O/E serous discharge, and perforated TM

Dx otitis media

Tx Ciprofloxacin drops

- 2nd GP visit 1 week later- continued discharge ++ despite drops.



O/E red inflamed external auditory meatus.
TM dull, no perforation but no clear view.

Dx ?

Tx Amoxicillin PO 7/7 & r/v

3rd GP visit 3 days later-

- discharge continues despite tx.
- O/E Ex canal thin, watery, cloudy discharge, no canal swelling, inflamed ++, TM opaque but intact.
- Tx sofradex, given fucibet for external ear, advised keep dry.

4th visit GP OOH same evening-

- O/E swelling of pinna/face. not able to get sofradex, taken Otomize instead.
- Rx Augmentin.

5th GP visit-

- O/E  external canal patent, copious straw coloured discharge, no cellulitis.
- Swab taken. Referred to ENT SHO for acute clinic f/u

# Acute Clinic 12/4/17

- Right sided otalgia, discharge, and hearing loss.
- No facial cellulitis, no facial nerve palsy.
- Currently on Augmentin Day 3.
- Swab result not present.
- Previously seen in ENT in 1994 for recurrent otitis externa and convoluted anatomy ?cholesteatoma. Found to have thinned TM, a natural type III tympanoplasty with drum adherent to the stapes head. Dx with conductive deafness on right and discharged.
- O/E Right sided green discharge in canal, Distorted anatomy, Retracted TM
- Swab taken
- Microsuction done
- Tx- Ciloxan (Ciprofloxacin) drops 7/7
- Continue Augmentin
- Review in 7/7 in Acute clinic
- Booked in Main clinic for recurrent otitis externa

# Acute Clinic 18/4/17

- Right sided otalgia & discharge resolved.
- Complained of itchy ear and ‘muffled’ hearing.
- Completed Augmentin, on last of Ciloxan.

**EAR CULTURE**

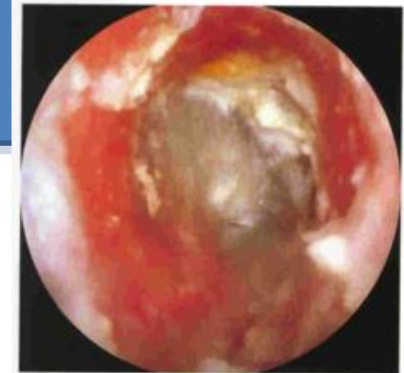
**Culture:**

1) Heavy growth of Staph aureus
2) Heavy growth of Pseudomonas aeruginosa

| | 1) | 2) |
|---|---|---|
| Gentamicin | S | S |
| Flucloxacillin | S | |
| Erythromycin | S | |
| Neomycin | | R |

- O/E external canal clear, no discharge. Small TM perforated present. Unsual anatomy.
- Discharge from Acute clinic with no further treatment, and follow up in Main Clinic in 1 week.

| | Acute otitis externa |
|---|---|
| Definition | |
| Causes | |
| Risk factors | |
| Symptoms | |
| Signs | |

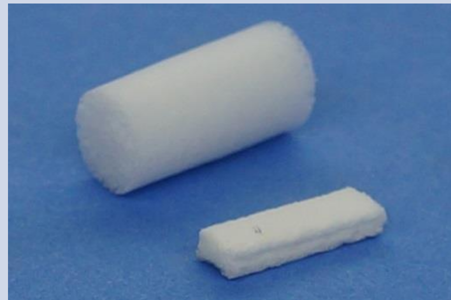


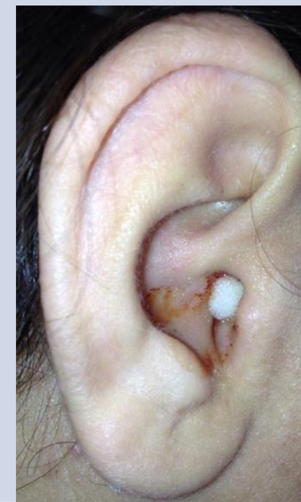
| | Initial treatment |
|---|---|
| "A" | |

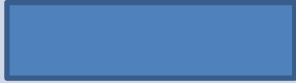
| | |
|---|---|
| Astringent/ Acidic acid | Aluminium acetate 8%* and 13% drops*Acetic acid 2% spray (**Earcalm®**) |
| Neomycin | Dexamethasone 0.1%, neomycin sulphate 3250 units/mL, glacial acetic acid 2% (spray: **Otomize®**) |
| Framycetin | Dexamethasone 0.05%, framycetin sulphate 0.5%, gramicidin 0.005% (drops: **Sofradex®**) |
| Gentamicin | Hydrocortisone acetate 1%, gentamicin 0.3% (drops: **Gentisone HC®**) |
| Ciprofloxacin | Dexamethasone 0.1%, ciprofloxacin 0.3% (**Cilodex®**) |

## Initial treatment

"B"





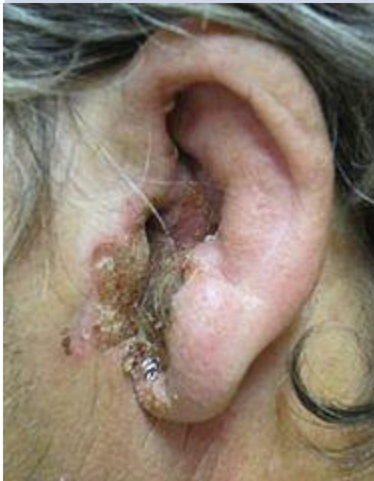
| | Initial treatment |
| --- | --- |
| "C"  | |

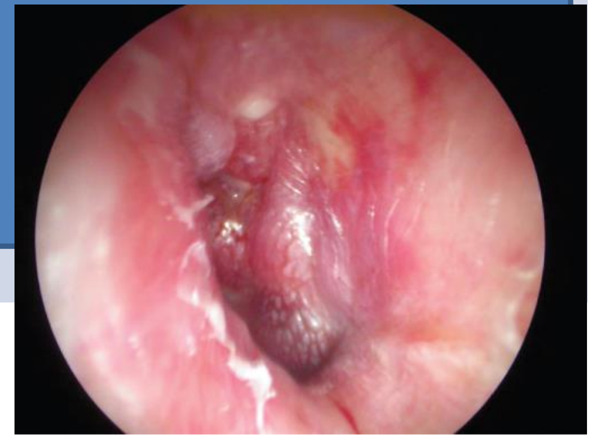
# Not responding to treatment?

TAKE A SWAB

| | Not responding to treatment |
|---|---|
| "A"<br><br>Antibiotic<br>&<br>Analgesia<br><br><br>& reinforce | -<br><br>- |
| "B"<br>Barrier<br><br><br>"C"<br>Conservative | - |

| | Malignant otitis externa |
|---|---|
| Definition | |
| Causes | |
| Risk factors | |
| Symptoms | |
| Signs | |





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- 1st GP visit- O/E serous discharge, and perforated TM. Dx otitis media, Tx Ciprofloxacin drops.
- 2nd GP visit- continue discharge ++ despite drops. O/E red inflamed external auditory meatus. TM dull, no perforation but no clear view. Tx Amoxicillin PO for 7/7 and review.
- 3rd GP visit- O/E discharge continues despite tx. O/E Ex canal thin, watery, cloudy discharge, no canal swelling, inflamed ++, TM opaque but intact. Tx sofradex, given fucibet for external ear, advised keep dry.
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# References


- https://cks.nice.org.uk/otitis-externa
- https://www.google.co.uk/search?q=malignant+otitis+externa+granulation+tissue&rlz=1C1GGGE_enCA469CA499&espv=2&source=lnms&tbm=isch&sa=X&ved=0ahUKEwjqtaXqn7HTAhWGIVAKHaU1DwMQ_AUIBigB&biw=1600&bih=804#imgrc=_