

Otitis's externa & External ear conditions

- Otitis externa (OE) is an inflammation or infection of the external auditory canal (EAC), the auricle, or both.
- External auditory canal is about 2.5 cm in length.. 1inch

1] Otitis Externa

Acute localized

- **Furunculosis** in EEC/ hair follicle
- **bacterial/ S.aureus**
- Severe pain , Tragus sign
- appear red swollen with abscess
- May obstruct the canal.
- **Analgesia** (morphine), **I& D**
- IV fluxocillin, **Acidifying solutions**
- ➔ Inhibit bacterial growth
- ➔ acetic acid, hydrochloric acid
- Antiseptic** (Alcohol), **Topical steroid**

Acute diffuse

- in entire external auditory canal
- **Pseudomonas aeruginosa**
- RFs >> Trauma+ **swimming**
- pain , itching, white discharge, low hearing
- appear red canal with moist debris & smelly
- + painful on ear movement.
- Analgesia, aural toilet, Topical abx,
- Oral abx >> for diabetic, immune-suppressed, cellulitis

Chronic

- repetitive trauma or drainage off middle ear ,foreign body, persistent perforated
- no pain , Skin is erythematous , scaling and **itchy**.
- Tx : Treat the cause

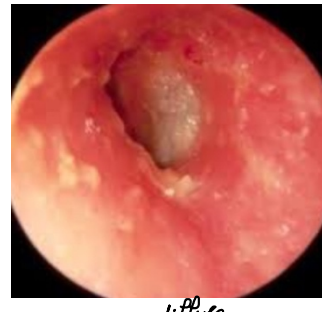
- The antibiotic should have good S. aureus and P.aeruginosa coverage.

- Use prophylactic eardrops after each exposure to water 💧

~ acidifying agents



Localized



diffuse



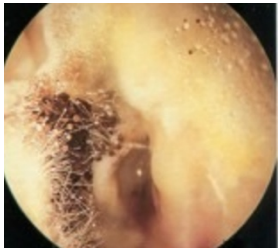
chronic

2] Otomycosis

- warm & moist climates , ha of Abx use, ear drops
- **Fungal infx, Aspergillus and Candida**
- Pruritus, otorrhoea, dull pain ,hearing loss
- White, gray, green, yellow or black fungal debris
- + oedema , canal erythema

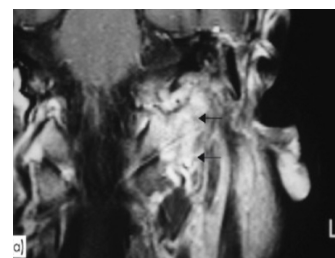
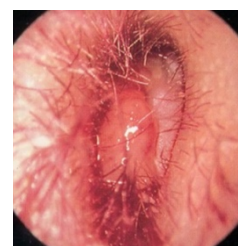
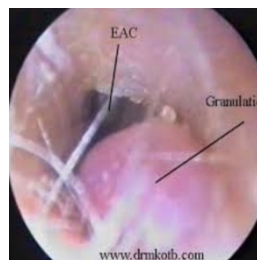
-Tx : Cleaning & Drying of canal

Topical anti fungal, Acidifying with drops / 2 wks



3] Necrotizing / Malignant EO (NEO)

- **lethal** infection of EAC and surrounding structures
- **Pseudomonas aeruginosa**
- RFs >> **DM**, Elderly, IC, HIV
- ➔ Sever ear pain & headache , not respond to abx , + cervical LAP, Trismus, facial palsy ⚠️ , poor prognosis, + Intracranial : meningitis, encephalitis, abscess
- ➔ **Granulation tissue** in post & inferior canal
- Clinical diagnosis , May radiology
- Tx : Glucose control, Aural toilet, IV abx for 6 wks



4] Perichondritis / Chondritis

- Infection of perichondrium/cartilage -> from Trauma, DM
- **pseudomonas species & Mixed flora**
- pain over auricle & deep in canal, Pruritus, fever
- Tender , edema , erythema —> Crusting&weeping/ soft tissue

Tx: Aspiration of the pus & Abx / antipseudomonals

In mild cases —> debridement, topical & oral abx

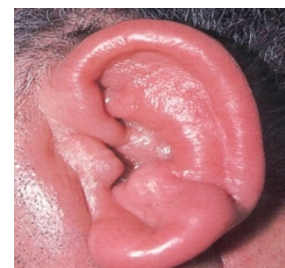
If Severe —> hospitalization, IV antibiotics

If Chronic —> surgical ... excision of necrotic tissue and skin coverage



5] Erysipelas

- **Acute superficial cellulitis**
- **Group A, beta hemolytic Streptococcus**
- **Skin:** bright red; well-demarcated, advancing margin
- Tx : Rapid !! with oral or IV abx if insufficient response

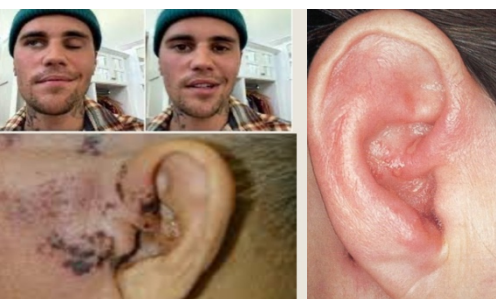


6] Herpes Zoster Oticus Ramsy Hunt Syndrome

- Ramsay Hunt described it
- **Viral ... varicella zoster**
- infx along CN **dermatome** -> otalgia, facial paralysis
- Sensorineural hearing loss
- prurine pain in one ear , headache, malaise & fever
- Late (3 to 7 days): vesicles, facial paralysis

Tx:

- Corneal protection
- Oral steroid taper (10 to 14 days)
- Antivirals (eg. Valacyclovir)
- Facial nerve decompression (controversial)!



7] Bullous Myringiti

- Confined to **tympanic membrane**, younger children
- **Viral infection**
- Sudden pain, Bloody otorrhoea if rupture
- No fever, no hearing impairment
- Multiple reddened, inflamed blebs In TM
- Hemorrhagic vesicles

- Tx : Self-limiting! Analgesics! Topical abx to prevent secondary infection , Incision of blebs is unnecessary



8] Contact dermatitis

- allergic reaction to their ototopical medication, type IV delayed HSR
- from : **neomycin, benzocaine, and propylene glycol.**
- **Pruritus**

Tx : identifying and eliminating the causative agent /+ patch testing ?

