Otitis Externa

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Definition

This is an acute or chronic inflammation/infection of the skin of the external auditory canal. It can be diffuse (affecting the whole canal) or localised (a furuncle).

Aetiology

All classes of infecting organism can cause otitis externa: bacteria, fungi (otomycosis), and viral. Water exposure, dermatological predisposition e.g. eczema, trauma to skin – scratching/cotton buds may all provoke an infection in the skin of the ear canal.

Symptoms

There is a history of increasing otalgia (worse on moving pinna/itchy/irritation) with or without:

- Thick ear discharge
- Pain
- Conductive hearing loss
- Tinnitus
- Swelling of pinna/face.

Clinical Findings

- Oedema
- Tenderness
- Erythema
- Stenosis of the ear canal
- Debris/discharge

Profuse mucopurulent discharge is usually indicative of middle ear disease discharging through a perforation. The discharge can cause a secondary otitis externa.

Complications of otitis externa can include pinna cellulitis (May require admission), canal stenosis (Likely to require a pope wick), Necrotising (malignant OE)

Appearances of otitis externa

The pictures below show a patient with otitis externa. We see the first signs of otitis externa with otorrhoea from the external canal. Figure 1 shows a magnified view of the canal. Finally, otoscopy confirms the diagnoses of an otitis externa with a large amount of debris & discharge (figure 2).

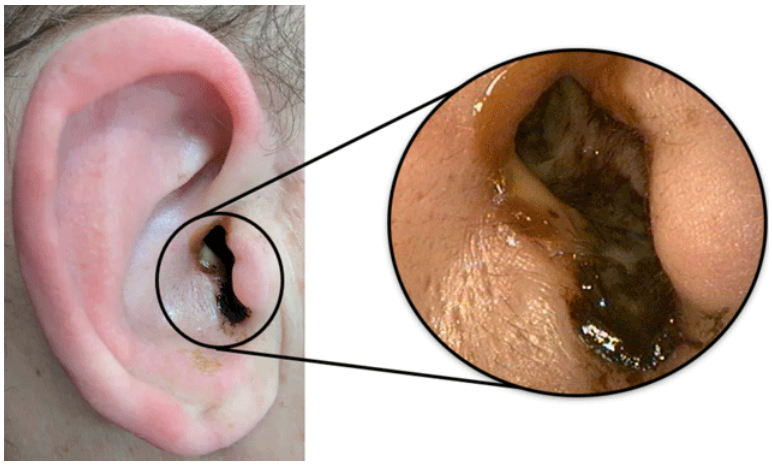


Figure 1 Otorrhea in the external canal

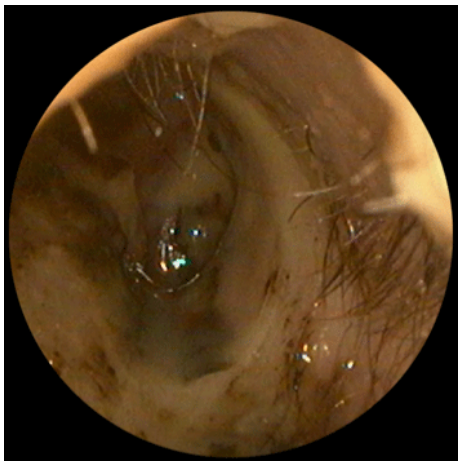


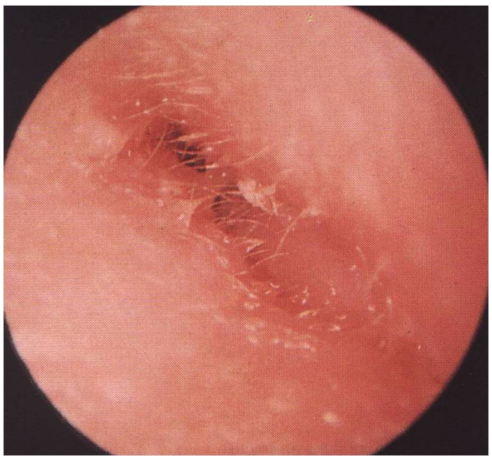
Figure 2 – otoscopy reveals debris

Management

Treatment of the patient depends very much upon what equipment and drugs you have at your disposal. The principles of management are as follows:

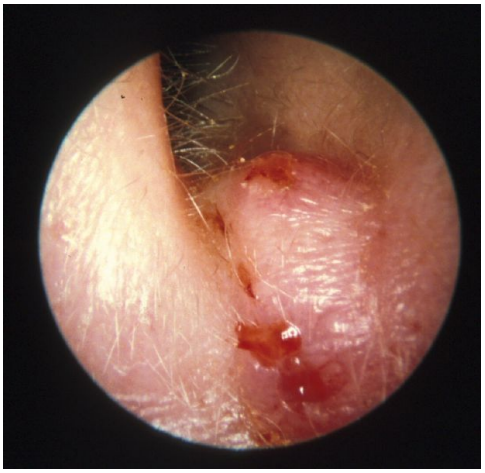
1. Clean the ear by dry-mopping or suction
2. Apply antibiotic or antiseptic solutions and creams (according to the type of infection present and how far it has spread out of the ear canal – see below)
3. Review the patient after 2 days and repeat cleaning if needed
4. Warn the patient to keep their ears dry and not to poke them with dirty fingers, sticks or other foreign bodies.

Bacterial OE



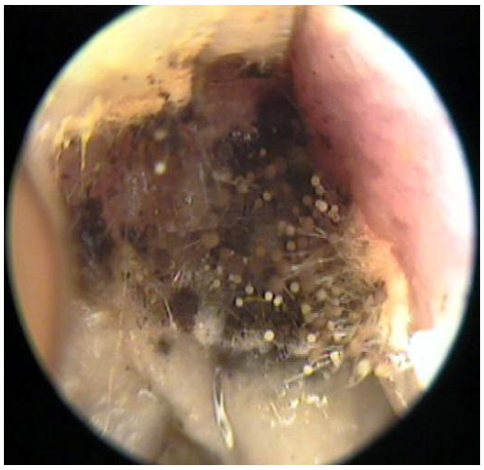
Use oto-topical medications such as ciprofloxacin eye / ear drops, other antibiotic/steroid drops or povidone iodine.

Furuncle (Localised OE)



Antiseptic dressings such as povidone iodine, or glycerine and ichthamol should be placed against the swelling. Oral flucloxacillin is taken for 7 days. The furuncle is lanced when it starts to point.

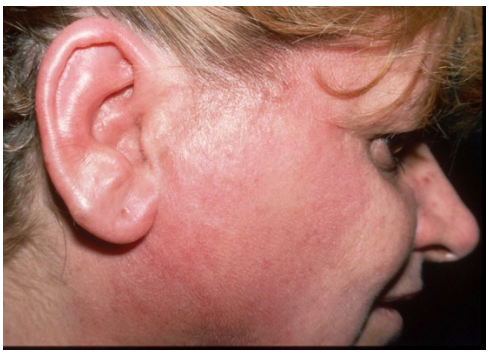
Fungal OE



Otomycosis is harder to treat and requires longer applications of drugs and more frequent cleaning. Silver nitrate gel 1% or clotrimazole solution can be used. Up to three weeks of treatment is required.

Cellulitis of the Pinna

Infection can spread out of the ear canal onto the pinna causing cellulitis. This spreading infection appears red and warm. It can spread off the pinna onto the adjacent cheek.



Here the area of cellulitis extends well onto the cheek. Treatment with topical medications for the ear canal and systemic antibiotics for the spreading infection are required.

Often caused by Group A Streptococcus

Rx: Penicillins work well.