Otological infections crossword – The answers

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ACROSS

3. Pope Wick – Insertion of a pope wick is an extremely painful procedure however is the only way to get topical antibiotics into the external canal when significant canal oedema is present.

6. Umbo - All epithelial cells migrate outwards in all directions from the Umbo (the lowest tip of the malleus)

7. Tympanosclerosis – AKA Myringosclerosis, a common clinical finding

8. Mastoid abscess – Not to be confused with mastoiditis, a simple infection in the mastoid bone. Mastoiditis can be treated medically with IV antibiotics. A mastoid abscess needs surgical drainage in the form of a cortical mastoidectomy.

9. Facial palsy – Not to be confused with a Bell's palsy which is a diagnosis of exclusion. The facial nerve runs through the middle ear and can be effected by an acute otitis media. This requires urgent surgical drainage in the form of a myringotomy and grommet insertion.

10. Cholesteatoma – Simply put 'skin in the middle ear' caused by disruption of epithelial migration and negative middle ear pressures. The skin if left untreated can become repeatedly infected and cause some life-threatening complications.

12. Labyrinthitis – Inflammation/ infection of the whole labyrinth. This differs from vestibular neuritis in as much as it also causes tinnitus and hearing loss.

13. Furuncle – Otitis externa can be diffuse (the whole canal) or localised in the form of a small abscess in one part of the canal. A furuncle is treated by lancing and draining the collection. Furuncles often causes extreme pain to the patient.

DOWN

1. Pseudomonas – Malignant otitis externa is again a misnomer, having nothing to do with cancer and everything to do with a severe life threatening infection. AKA base of skull osteitis, the treatment is six weeks of oral ciprofloxacin targeting the main causative organise pseudomonas aeruginosa.

2. Acute otitis media – An acute infection of the middle ear cleft. Treated initially with simple analgesia. Oral antibiotics are used if condition present for more than 3 days, in the presence of systemic illness or in the under 2 age group.

4. Grommet – The surgical management of glue ear. In children this is reserved for patients with hearing loss and subsequent speech or developmental issues (who are not tolerating a hearing aid). Additional recurrent acute otitis media is an indication for a grommet to be inserted.

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5. Ciprofloxacin – Theoretically all other antibiotics may cause ototoxicity. Only evidence exists for ciprofloxacin, however, in the presence of otitis externa the chances of significant doses of antibiotic reaching the round window to cause ototoxicity is extremely unlikely!

11. Fungus – One of the hardest of pathogens to treat in otitis externa. Complete water avoidance and antifungal drops for around a month with regular aural toilet is needed.