

Adult with itchy, Painful ear

OE → inflammation of auricle and /or EAC up to medial surface of the TM Caused by infection, Trauma & allergy Acute OE → < 3Wks
Chronic OE → > 3Wks Canal → Full of Tenacious debris, inflamed and narrowed

Exam. → full exam. of both ears examine Surrounding Cellulitis and LAP examine mastoid (Erythema, Pinna protrusion → mastoiditis (rare in adult) otoscopy → Canal (filled with debris → should be cleaned → to visualize the Status of TM ME discharge (underlying Perforated) mucoid and Pulsatile due to ME vascularity discharge (offensive, green → pseudomonas may be possible to visualize fungal hyphae. otoscopy if normal → referred pain

History

symptoms (Otalgia, discharge, aural fullness and Vertigo) discharge (Colour, consistency, smell and amount)

duration

hx of Trauma with ear buds hx of infection (with ear device → hearing aid or earphones) hx of allergy (metals ex. nickel in ear rings الاقراط or Topical neomycin

weakness or change in Sensation e x. facial n. palsy in case of MOE (osteomyelitis of skull base

had Treat. in past (pre-existing ear infect.)

hx of swimming or ears wet

pain in Teeth, Tonsil, Jaw, Throat, face or neck → pathology outside the ear (referred pain)

PM hx → Diabetes → risk factor for both Benign and malignant OE
skin Condition → dermatitis and eczema

Drug hx → Topical AB

family hx Social hx

Invx → if granulation t. seen in canal → CT scan esp. Elderly, Immunocompromised → MOE

Treatment MOE (ass. with Sever otalgia and Cranial n. palsies) → long term of IV. AB and rarely surgical debridement OE → Cornerstones in treatment (aural toilet, analgesia, Keeping ear dry and topical AB (Sofradin, otosporion, otomile or antifungal Clotrimazole solution *Swap for C/S Acetic acids useful in Controlling symptoms rarely need to use Systemic AB unless pt- presented with Cellulitis, MOE or Immune compromised