THE DISCHARGING EAR

© Bruce Black MD
Cardinal Ear Symptoms

- Pain
- Discharge
- Deafness
- Tinnitus
- Vertigo
OTORRHOEA

Varieties

CONSISTENCY
- Semisolid
- Watery
- Serous
- Purulent
- Seromucinous
- Mucoid

VOLUME
- Profuse / Scanty

CHARACTERISTICS
- Foul / Bloody / Discoloured

© Bruce Black MD
Otorrhoea will arise from the skin of the pinna, the EAC / eardrum, or via a drum perforation. Some trauma cases may result in watery CSF discharge via a fracture line in the EAC.
OTORRHOEA

Aetiology

- Infection
  - Bacterial / fungal / viral

- Inflammation
  - Seborrhoeic

- Trauma
  - Direct / fracture

- Neoplastic
EAC Disease

Bacterial Otitis Externa

Gram -ves

Pseudomonas

Strept

Staph

© Bruce Black MD
EAC Disease
Otomycoses

A. Nigra

A. Flavum

© Bruce Black MD
EAC Disease
Others

Chronic myringitis

Allergic otitis externa
EAC Origins
Management

- Cleanout
- Evaluate site – check middle ear
- Systemic antibiotics if indicated
- Topical steroid, antimicrobial ointment
- Allevyn wick then drops
  - Bacteria: Ciprofloxacin
  - Otomycoses: Canesten
EAC CLEANING Techniques

- Dry mopping
- Wet mopping
- Suction
MOPPING TECHNIQUES

Wool Carrier Technique
EAC DEBRIS
Wool Carrier Technique

General scouring

Anterior angle “hockey stick” technique
Suction Equipment

Olympus-Gyrus sucker tips
EAR WICKS
Roles

- Medication delivery into the deep EAC
- Maintain deposit deep within EAC
- Pressure: oedema reduction
- Hygroscopic: secretion absorption
Wick Insertion

Initial insertion depth

Deep EAC packing

Completed insertion

© Bruce Black MD
“Allevyn” (Smith and Nephew) provides a practical source for soft EAC wicks. size: 3x3x25 mm.

© Bruce Black MD
MIDDLE EAR
AOM

© Bruce Black MD
MIDDLE EAR
Chronic Otitis Media
Cholesteatoma

Attic

Attic Polyp

Pars Tensa

Combined

NB Foul or bloodstained otorrhoea
MIDDLE EAR
iatrogenic

Grommet granuloma

Radical mastoid
MIDDLE EAR Management

Clean: Suction, Op. microscope
Evaluate: Inspection, Audiology, ?C.T.
Treat
  - Conservative: Topical /systemic Antibiotics
  - Definitive Surgery
OTORRHOEA
Troubleshooting

- Foul, bloody - Cholesteatoma
- Granulations, polyps - Send to otologist
- Fungus - thorough cleanout, ? ENT
- Resistant - ? fungal
- Scaly, excoriated - ? Self trauma
- Severe pain - furunculosis: staph Rx
- Vertigo - ? Fistula: otologist

© Bruce Black MD