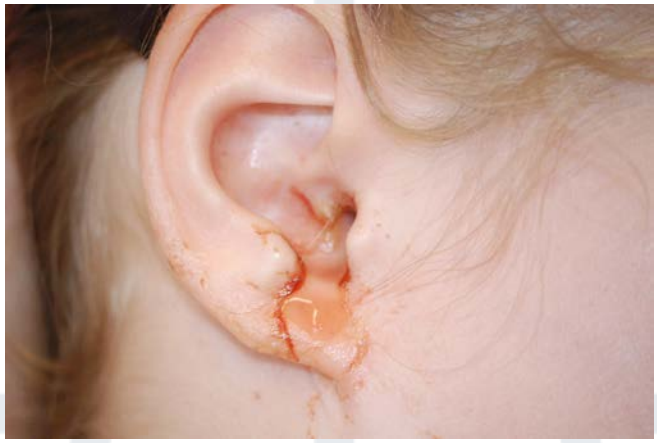
THE DISCHARGING EAR

Discharge from the ear (Otorrhea) (Blocked Ear) is one of the prime features of true ear disease, along with pain, deafness, tinnitus and dizziness. Whist numerous problems may cause discharge, the origins of the individual problem may be judged from the evident cause (e.g. longstanding similar problems), the presence of other prime features (pain or deafness), or other relevant factors that may be present (e.g. URTI, recent trauma).



The Discharging Ear:

A cardinal ear disease feature, with deafness, pain, tinnitus and imbalance

Discharge Characteristics

The great majority of problems arise from either the external or middle ear. One rough guide to origin is whether the fluid is mucoid (stringy) in nature: this type originates in the middle ear.

External ear infections tend to incur thicker, less profuse losses. Scanty purulent moisture, when the ear is extremely painful or tender, is found in furunculosis – a small boil in the ear due to staphylococcal (golden staph) infections. Itch associated with blockage is commonly due to fungal infections that are best treated at a specialist level.

Middle ear infections characteristically produce more copious, thicker mucoid secretions which may be unrelenting if chronic mastoid infections are present. Foul-smelling or bloodstained discharge of this nature

are more of concern; these may indicate deeper-seated problems such as cholesteatoma (an infected cyst of skin in the middle ear). Surgery is frequently needed in this group.

The duration of discharge may also indicate its origin. Longstanding intermittent low grade fluid discharge may indicate a perforated drum, persisting larger amounts mastoid disease. Short term discharge, especially painful, suggests an acute infection.

The nature of the debris or fluid may also suggest the cause. Short tem profuse watery discharge from a reddened pinna surface after using eardrops is typical of allergy. Conversely, a recent profuse watery/bloodstained loss from within the ear, especially in a young child, suggests acute middle ear infection.

Other Cardinal Ear Symptoms

Patterns of **pain** often help evaluate the cause of discharge. Excruciating pain with acute tenderness suggests golden staph infections. Brief pain after a respiratory infection suggests an acute middle ear infection. Pain complicating a long term foul discharge is ominous for more serious middle ear disease.

Discharge of all varieties incurs gurgling or moist **tinnitus** sounds, but middle ear problems tend to popping or crackling, particularly when air is forced into the ear. If the drum is perforated, air escape may be heard.

Deafness is common with discharge. In external ear disease this will clear when the canal debris is removed. Middle ear disease will cause greater loss, persisting despite clearing.

When associated with discharge, **dizziness** is more ominous, particularly if severe. Herpes zoster infection, causing mild discharge from vesicles in the conchal bowl, also causes facial palsy and viral labyrinthitis with profound deafness. Cholesteatoma produces a triplicate of severe vertigo, tinnitus, and deafness when the cyst of skin has eroded into the inner ear.

Associated Features

Other case aspects may shed light on the cause of the discharge. Recent water sports in soiled water may indicate external ear infection. An upper respiratory infection commonly precedes acute middle ear infection. Profuse discharge in an infant is also suggestive of this origin. Direct trauma may be noted before a bloodstained otorrhoea.

Management

All cases of discharge from the ear are optimally managed by cleaning, to both aid diagnosis and also remove soiled debris that will perpetuate any infection. A clear view of the drum is frequently essential to permit appropriate treatment. Avoid syringing if there is any uncertainty; flushing infected fluid through a covert drum perforation risks substantial exacerbation of middle ear disease.

Troubleshooting

- **Foul, bloody discharge:** Suspect cholesteatoma or chronic drum perforation.
- **Persistent itch:** fungal infection likely – this does not respond to antibiotics.
- **Failed conservative treatment:** suspect a fungal infection.
- **Dirty/black/discoloured discharge**: probable fungus.
- Confirmed **fungal problems**: specialist suction toilet may be needed.
- **Pain from a fungal infection**: possible drum perforation (common).
- **Severe pain**, malaise: staphylococcal infection.
- **Weeping pinna**, reddened, itch: possible allergy.
- **Infant** with discharge: probable middle ear infection.