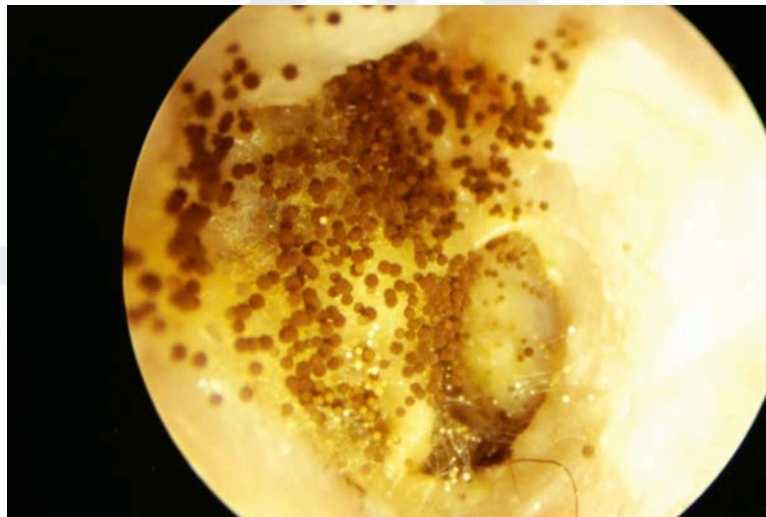


EXTERNAL EAR INFECTIONS

(OTITIS EXTERNA)

Infections in the external ear canal ([Otitis Externa](#)) are commonplace in any otological practice, with a spike in presentation during the warmer weather, particularly after water sports in soiled water such as rivers or reservoirs. The ear canal is effectively a warm moist tube in these circumstances; circumstances which favour bacterial or fungal growth. The infections are therefore primarily these varieties, with a very small proportion of viral types.



External Ear Infections: Fungi are common agents.

Characteristics

Given the origins of the infection, bacterial varieties ([Bacterial Otitis Externa](#)) are generally due to a range of common environmental species, but a minority arise from staphylococcal (golden staph) origins and are more severe. General bacterial problems cause blocked, uncomfortable and sore ears, usually not excessively severe. Staph infections, in contrast, cause severe, sometimes excruciating pain and malaise.

Fungal infection ([Solitary](#)) symptoms tend initially tend to be more subtle, typically blockage and pruritic (itchy), perhaps extremely so. Blackish or discoloured discharge may be seen. They persist, treatment being ineffective if the nature of the infection is not recognised (and then treated with antibiotics, to which the fungi

"Silverton Place"

101 Wickham Terrace
Brisbane Qld 4000

P: 07 38397677 F: 07 38325723

Other Locations

Beenleigh

Sunnybank

Mt Ommaney

Caboolture

are insensitive). The problem may progress to a painful stage as the fungus ulcerates the deeper canal and drum, sharply worsening if the drum is penetrated.

Two viral problems ([Viral Otitis Externa](#)) are much less common and present with different patterns. Viral myringitis is a short-lived infection of the eardrum itself. Acute sharp pain may present initially, accompanied by bloodstained blisters on the drum that may cause a mild discharge. The problem is due to common respiratory viruses and passes quickly, sometimes leaving a fine film of debris on the drum that may cause a slight stuffy sensation.

Conversely, herpes zoster (shingles) may appear as eruptions (vesicles) in the canal and ear bowl. Sharp initial (herpetic) pains may be followed by major complications including facial paralysis, tinnitus, vertigo and profound nerve deafness.

Uncommonly, bone in the external canal can become infected, either from a pre-existing keratosis obturans, trauma, or for unknown reasons. Skin breakdown and spicules of bone are present. The condition (external canal osteitis, benign necrotising otitis externa) can lead to deep erosions of the deeper canal that may require surgical excision and repair.

Treatment

With the possible exception of the viral types, all otitis externa cases are best cleaned thoroughly as first treatment. This eliminates the infected debris, the majority of the infection agents, and their nutrition, permitting the appropriate medications to gain access to the remaining infection. Topical antibiotics in drop, ointment, or cream forms are used, perhaps on wicks to ensure penetration and soak up discharge. Oral antibiotics are used if the site is painful, especially the staph infections, which require specific antibiotics.

Fortunately these problems generally settle rapidly on appropriate treatment, the fungi and staphs being the more persistent, requiring follow-up, and often specialist care.

More information

- Otitis Externa
 - i. [Bacterial Otitis Externa](#)
 - ii. [Otomycoses](#)
 - iii. [Chronic Myringitis](#)
 - iv. [Viral Otitis Externa](#)

- [Otitis Externa](#)

"Silverton Place"

101 Wickham Terrace
Brisbane Qld 4000

P: 07 38397677 F: 07 38325723

Other Locations

Beenleigh Sunnybank Mt Ommaney Caboolture