



Referral Support Service

ENT

ENT₀₈ **Otitis Externa**

Definition

Inflammation of the ear canal with or without infection.

This can be split into infective (usually bacterial or fungal) or non-infective dermatitis (allergic. eczematous).

Exclude Red Flag Symptoms

- Severe unremitting pain, cranial nerve palsy, or fever may represent malignant otitis externa (osteomyelitis of the temporal bone caused by Pseudomonas aerogenosa). More common in diabetic or immunocompromised patients.
- Spreading infection could be mastoiditis, periaural cellulitis, or perichondritis.

Management

- Discuss avoidance of water in the ear and foreign bodies, ear plugs, or hearing aids whilst infected
- Recommend an analgesic for symptomatic relief e.g. paracetamol or ibuprofen are usually sufficient. Codeine can provide additional analgesia for severe pain.
- First line: OTC Acetic acid 2% spray (Ear-calm®)* 1 spray TDS for 7 days
- Alternative: flumetasone 0.02% + clioquinol 1% ear drops (Locorten-Vioform®) 2-3 drops into the affected ear(s) BD
- As per: North Yorkshire Antibiotic Guidance
- In the presence of tympanic membrane perforation topical aminoglycoside use should be limited to 7 days to avoid ototoxicity.
- Oral antibiotics are rarely indicated consider seeking specialist advice if an oral antibiotic is thought to be required
- If swelling of the external auditory canal or severe blockage by debris limit topical treatment then refer for micro-suction and consideration of using a wick to apply medication.
- Review if symptoms have not settled in 7-10 days and consider referral to ENT.
- If treatment fails or otitis externa is recurrent consider taking an ear swab.
- Remember chronic use of ear drops can lead to allergy to topical treatment and/or fungal infection.

Responsible GP: Dr Daniel Kimberling Responsible Consultant: Mr Frank Agada Responsible Pharmacist: Mrs Laura Angus Clinical Research & Effectiveness approved: Sep 2016

Date published: Sep 2016 Next Review: Sep 2024

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Referral Information

Information to include in referral letter

- Relevant past medical / surgical history
- · Current regular medication
- Smoking status

Investigations prior to referral

Ear swab

Patient Information

- http://patient.info/health/ear-infection-otitis-externa
- http://www.nhs.uk/Conditions/otitis-externa/Pages/Introduction.aspx

References

- 10 minute consultation: Otitis Externa BMJ 2012;344:e3623
- http://www.cks.nhs.uk/otitis_externa
- http://www.entuk.org/news/news/attachments/eardrops

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