

The Chronically Discharging Ear

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The Chronically Discharging Ear

- Definition
- Anatomy
- Differential diagnosis
- Approach

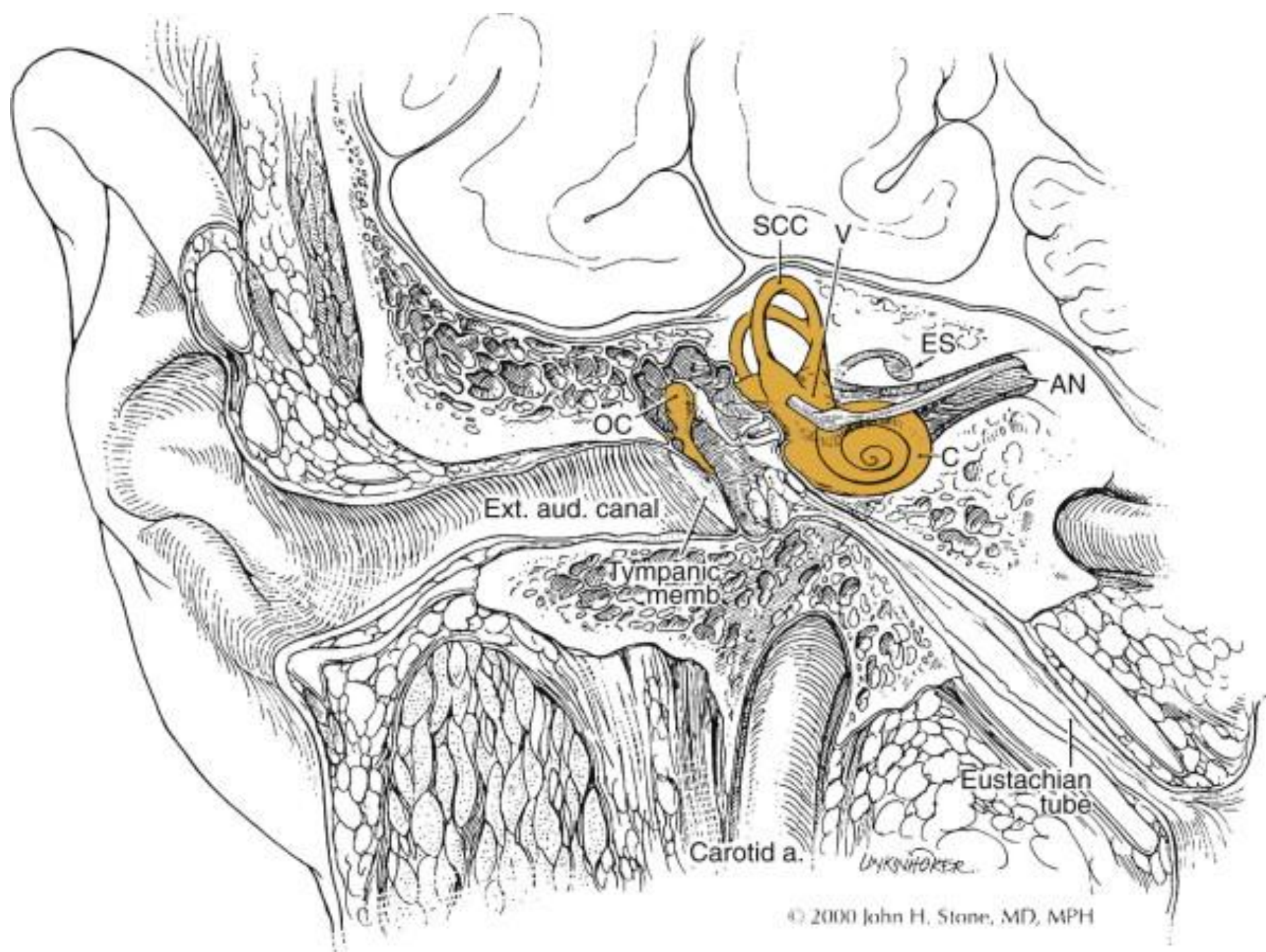
Definition

- Otorrhoea
 - The drainage of fluid from the ear
 - may arise from
 - diseases of the ear canal
 - more commonly from middle ear infections

Character of the otorrhoea

- Watery
- Purulent
- Mucoid
- Mucopurulent
- Bloody
- Foul smelling

Anatomy of the Ear



Differential Diagnosis

- Infections
- Tumors
- Trauma
- Congenital
- Others

Infections

- EAC

- Chronic otitis externa
- Tuberculosis
- Keratosis obturnas
- External auditory canal cholesteatoma
- Malignant otitis externa
- Granular myringitis

- Middle ear

- Chronic otitis media without cholesteatoma
- Chronic otitis media with cholesteatoma
- Tuberculosis
- Open mastoid Cavity (Post surgical)



Tumors

- Neoplastic
 - External ear squamous cell carcinoma
 - rhabdomyosarcoma
 - Glomus tumors
- Others
 - Exostosis
 - Osteoma
 - Sebaceous cyst



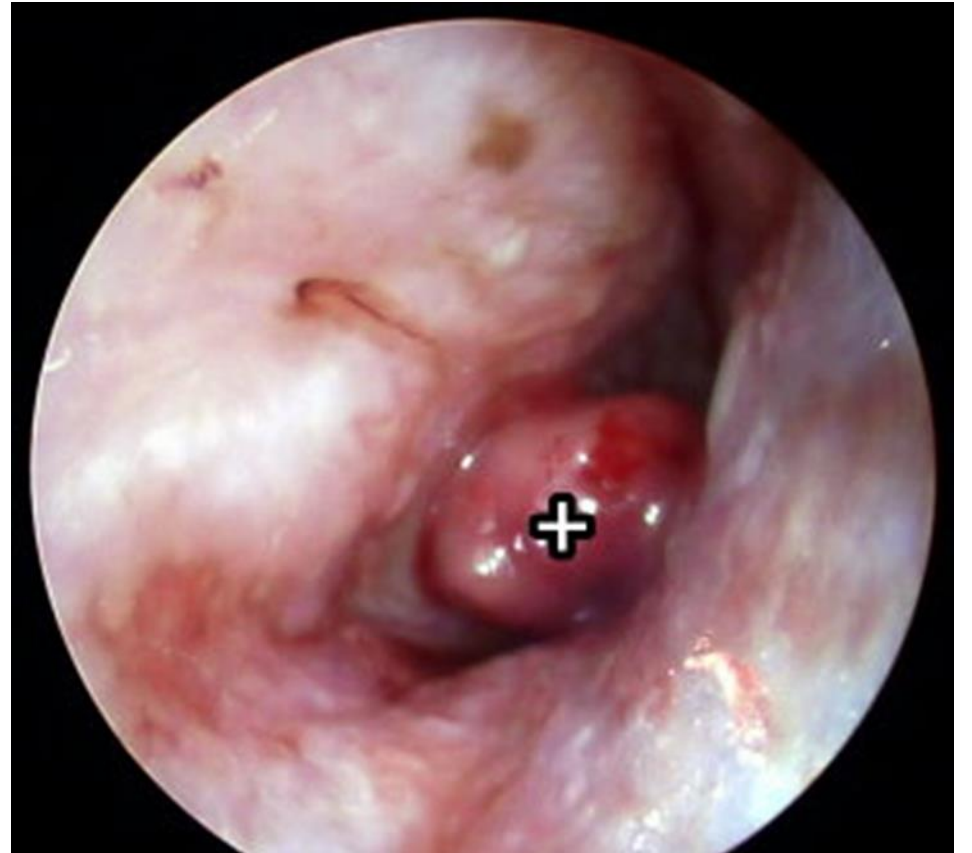
Trauma

- Penetrating & Blunt
 - CSF otorrhoea
 - Bloody otorrhoea
- Foreign body
- EAC stenosis



Others

- Cerumen
- Congenital
 - 1st Branchial arch fistula
 - Meningocele
- Chronic Inflammatory diseases
 - Relapsing polychondritis
 - Eosinophilic Granuloma
 - Langerhans cell granuloma
 - Wegeners Granulomatosis
 - Sarcoidosis
 - Syphilis



Chronic Otitis Externa

- Usually Atopy related
 - Hearing aid moulds, hair spray shampoo, topical medication
- Commonly bilateral
- Watery discharge & pruritis
- Painless and relapsing
- Canal skin may be lichenified
- Ear toileting done
- Topical steroids & avoid inciting agent



Tuberculosis

- Chronic inflammation of EAC
- Ulcerations and watery discharge
- (+/-) pain, (+/-) Facial nerve weakness
- Otoscopy
 - Bony sequestra
 - Multiple perforations
- Biopsy mandatory
- Anti TB therapy
- Occasionally surgery

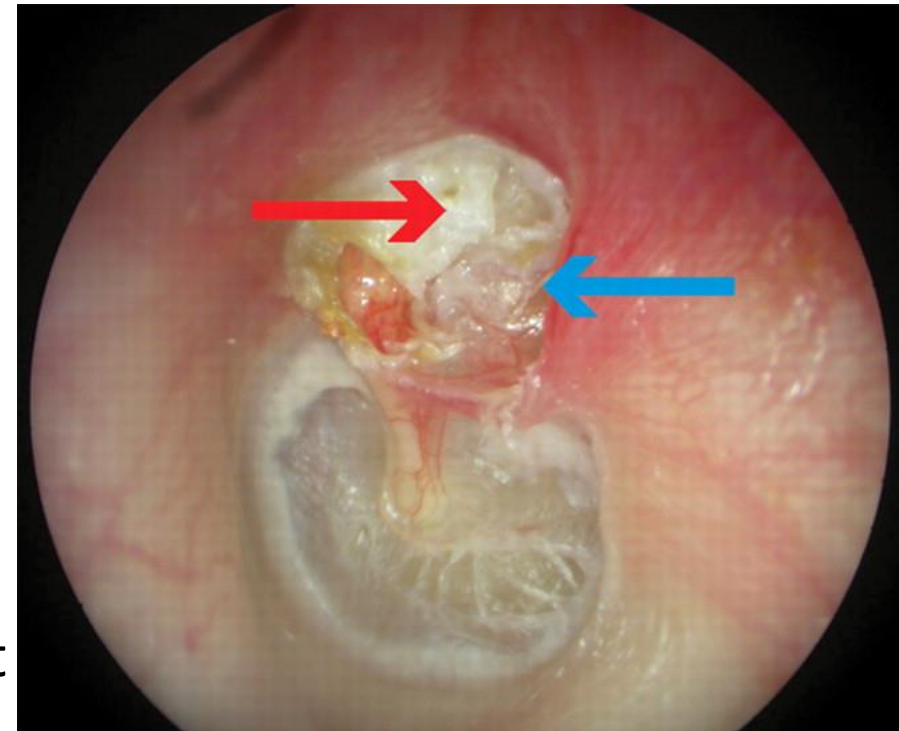
Chronic Otitis Media

- Without Cholesteatoma
 - Chronic non foul smelling purulent discharge
 - Conductive Hearing Loss
 - Associated with defect of Tympanic membrane
 - Rinne negative
 - Weber lateralizes to diseased ear
 - Air-bone gap on audiogram
 - Aural toilet & topical antibiotics (flouoroquinolones)
 - Keep ear dry
 - Surgery not always necessary
 - Myringo/Tympanoplasty



Chronic Otitis Media

- With Cholesteatoma
 - Chronic foul smelling otorrhoea
 - Conductive hearing loss
 - May present with facial nerve weakness
 - Squamous debris in middle ear
 - Rinne negative, Weber lateralizes to diseased ear
 - Air-bone gap on audiogram
 - Aural toilet
 - Topical antibiotics (flouoroquinolones)
 - Tympanomastoidectomy is mainstay of treatment



Tumors

- Benign or malignant
- Watery to bloody discharge
- Pulsatile tinnitus
- Hearing loss
- Facial nerve weakness
- CT scan
- Biopsy
- Definitive management



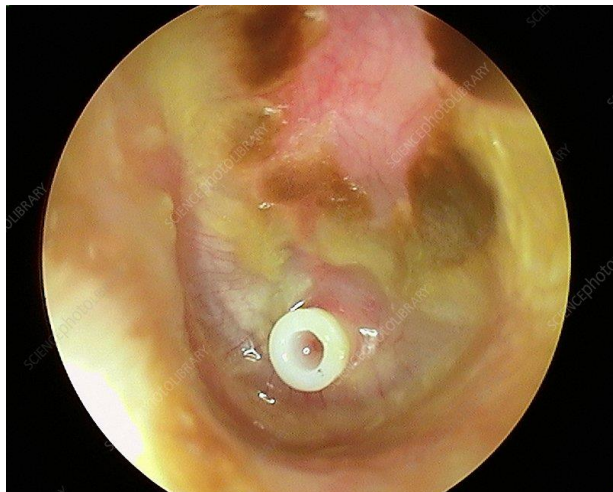
Cerumen

- Presents with Impaction
 - Elderly patients
 - Narrow EAC meatus
 - Conductive Hearing loss
 - Otitis externa
- Treatment is by removal of wax plug
 - Various agents
 - Syringing
 - Wax softeners
 - Waxol
 - Olive oil
 - Almond oil
 - Sweet oil



Foreign Body

- Children
- Chronic irritation of EAC
- Pebbles, small toys, beads
- Iatrogenic
 - Grommets (infection)



- Treatment is removal
 - Head lamp or microscope
 - Sedation or general anaesthesia
- Grommets
 - Topical flouoroquinolones
 - Removal is no response
- Refer
 - More than 3 failed attempts
 - Always refer problematic grommets

Conclusion

- Wide differential diagnosis for chronic otorrhoea
- Clinical history and examination most useful

- Safe to treat
 - Chronic otitis externa
 - Proximal foreign body
 - Cerumen Impaction
- Refer for opinion
 - Chronic otitis media without cholesteatoma

Conclusion

- Refer for definitive treatment
 - Deep foreign body
 - Tuberculosis
 - cholesteatoma
 - Tumors
 - When not sure
 - Poor treatment response

Questions