



College of Medicine



# Management of the Draining Ear

Matthew Sitton, MD Surgeon, Head & Neck Texas Children's Hospital

Assistant Professor, Pediatric Otolaryngology Baylor College of Medicine

## Objectives

- Review guidelines of acute otitis externa
- Review guidelines of acute tympanostomy tube otorrhea
- Recognize signs and symptoms of cholesteatoma

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#### **Differential Diagnosis of Otorrhea**

- Acute otitis externa
- Acute otitis media with tubes or perforation
- Cholesteatoma

#### Acute Otitis Externa

1. Rapid onset (generally within 48 hours) in the past 3 weeks

AND...

AND...



- 2. Symptoms of ear canal inflammation:
  - Otalgia (often severe)
  - Itching
  - Fullness
  - WITH OR WITHOUT hearing loss or jaw pain

Pathogens: Paeruginosa or Saureus



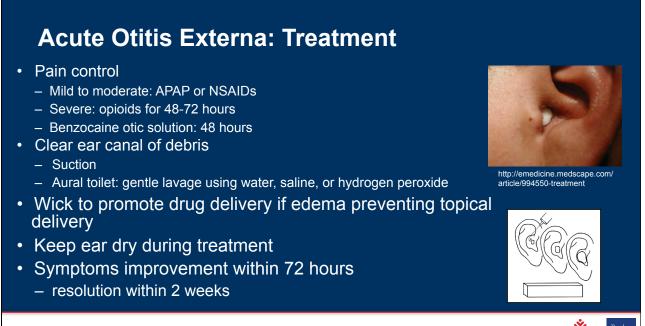


- 3. Signs of ear canal inflammation:
  - Tenderness of the tragus or pinna
  - · Diffuse ear canal edema or erythema
  - WITH OR WITHOUT otorrhea, regional lymphadenitis, tympanic membrane erythema, or cellulitis of the pinna and adjacent skin

http://fortworthearandsinus.com/ swimmers-ear-facts/ http://entdocs.com/ear/

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Clinical Practice Guideline: Acute Otitis Externa 2014

#### Acute Otitis Externa: Treatment

#### No systemic antibiotics

Middle Ear – Safe

•	Topical therapy	(>7 days	: no consistent a	dvantage of one ove	r the other
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<ul> <li>acetic acid 5%(white vinegar) 1:1 with isop</li> </ul>	¢		
<ul> <li>acetic acid 2% (15mL)</li> </ul>	\$26	mo	
<ul> <li>acetic acid 2% /hydrocortisone 1%(10mL)</li> </ul>	\$83		GoodRx.com
– neomycin, polymyxin B, hydrocortisone (C	neomycin, polymyxin B, hydrocortisone (Cortisporin Otic 10mL)		
– ofloxacin 0.3% (ophth 5mL)	\$13		from (
<ul> <li>– ciprofloxacin 0.2% (Cetraxal 3.5 mL)</li> </ul>	\$50		es fro
- ciprofloxacin 0.3%/ dexamethasone 0.1%	\$184	Prices	
_ – ciprofloxacin 0.2%/ hydrocortisone 1% (Ci	\$245		

### Acute Tympanostomy Tube Otorrhea

- Young child: AOM Pathogens: Step Pneumo, H. influenza, M cat
- Older child/ water exposure:
   *P aeruginosa* or *S aureus*
- Wick away drainage
- Topical fluroquinilone ± steroid otic drops
  - (7-10 days)
- May culture if no response
   sensitivities for systemic treatment

#### Systemic antibiotics **not** recommended except:<sup>1</sup>

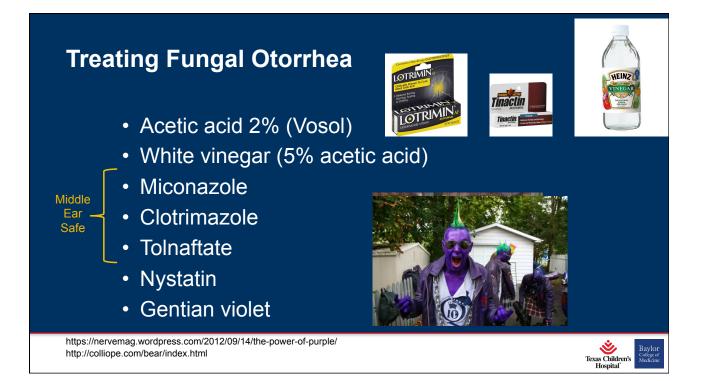
- High fever (38.5°C,101.3°F)
- Concurrent illness requiring systematic antibiotics (eg, streptococcal pharyngitis, bacterial sinusitis)
- Cellulitis extending beyond the external ear canal to involve the pinna or adjacent skin

<sup>1</sup>Clinical Practice Guideline: Tympanostomy Tubes in Children—Executive Summary 2013

#### Cholesteatoma

- Squamous epithelium in the middle ear loses ability for cell regulation; leading to bony destruction and infection
- Signs/symptoms: painless otorrhea, granulation tissue
- Granulation tissue or otorrhea does not resolve in 10 days of fluroquinilone/ steroid otic drop





#### When to Refer...

- Lack of resolution in 2 weeks
- Frequent or persistent ear drainage
- Facial paralysis with ear infection

### References

- Rosenfeld RM, Schwartz SR, Cannon CR, Roland PS, Simon GR, Kumar KA, Huang WW, Haskell HW, Robertson PJ. Clinical practice guideline: acute otitis externa. Otolaryngol Head Neck Surg. 2014 Feb;150(1 Suppl):S1-S24.
- Rosenfeld RM, Schwartz SR, Pynnonen MA, Tunkel DE, Hussey HM, Fichera JS, Grimes AM, Hackell JM, Harrison MF, Haskell H, Haynes DS, Kim TW, Lafreniere DC, LeBlanc K, Mackey WL, Netterville JL, Pipan ME, Raol NP, Schellhase KG. Clinical practice guideline: tympanostomy tubes in children. Otolaryngol Head Neck Surg. 2013 Jul;149(1 Suppl):S1-35.



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