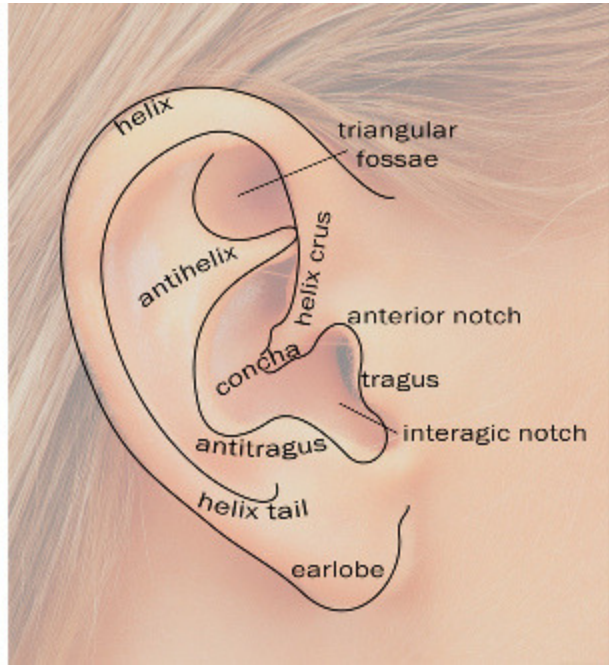




DISEASES OF THE EXTERNAL EAR

Episode 23.1

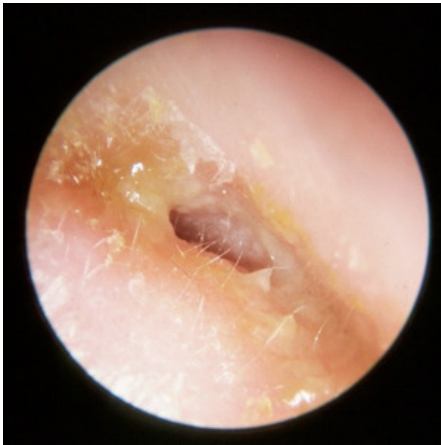
ANATOMY OF THE AURICLE



BARRIERS TO INFECTION

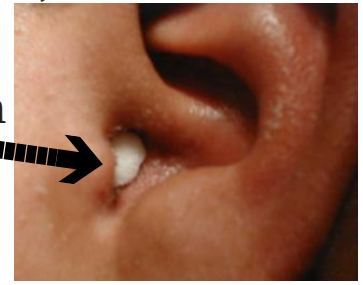
- Tragus
- Cerumen (acidic)
- Narrow portion of EAC
- Tympanic membrane
- Hair
- Cerumen producing glands

OTITIS EXTERNA



- Infection of the EAC
- Risk factors: humidity, temperature, excessive sweating, hearing aids
- Acute, subacute or chronic (> 2 mo)
- Itching, fullness, otalgia, canal debris.
- If severe, canal narrowing, adjacent soft tissue infection and lymphadenopathy

- **Pseudomonas, proteus, staph, strep**
- Rx analgesia, acidifying drop (water + vinegar), antibiotic drops (CIPRODEX) [4 drops BID]
- May require debridement and wick insertion
- Severe disease may need oral ABx based on cultures



SKULL BASE OSTEOMYELITIS

- Formerly malignant otitis externa
- OE with infection of skull base / temporal bone
- Risk factors: DM, immunocompromise (HIV), elderly
- **Pseudomonas** typical culprit
- Complications: **DEATH**, extension into adjacent tissue (mastoid, parotid), brain abscess, meningitis, CN neuropathy
- Diagnose with CT temporal bone
- Requires long-term IV antibiotics +/- surgical debridement



OTHER OUTER EAR LESIONS

- Bullous otitis externa - Otomycosis
- Erysipelas - Perichondritis
- Herpes zoster - Trauma

