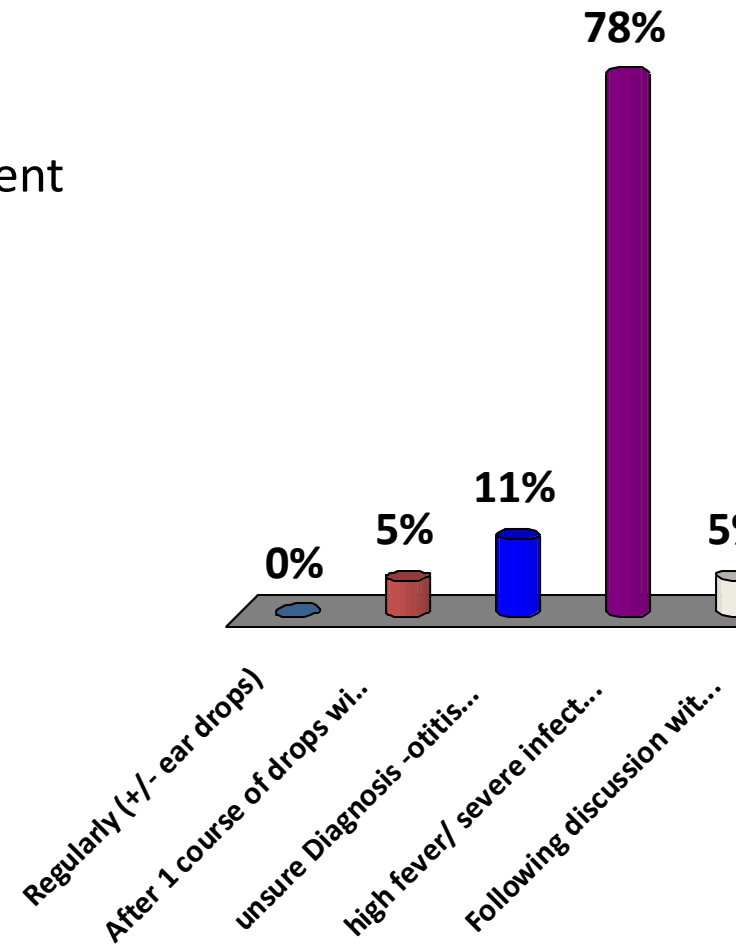


OTITIS EXTERNA



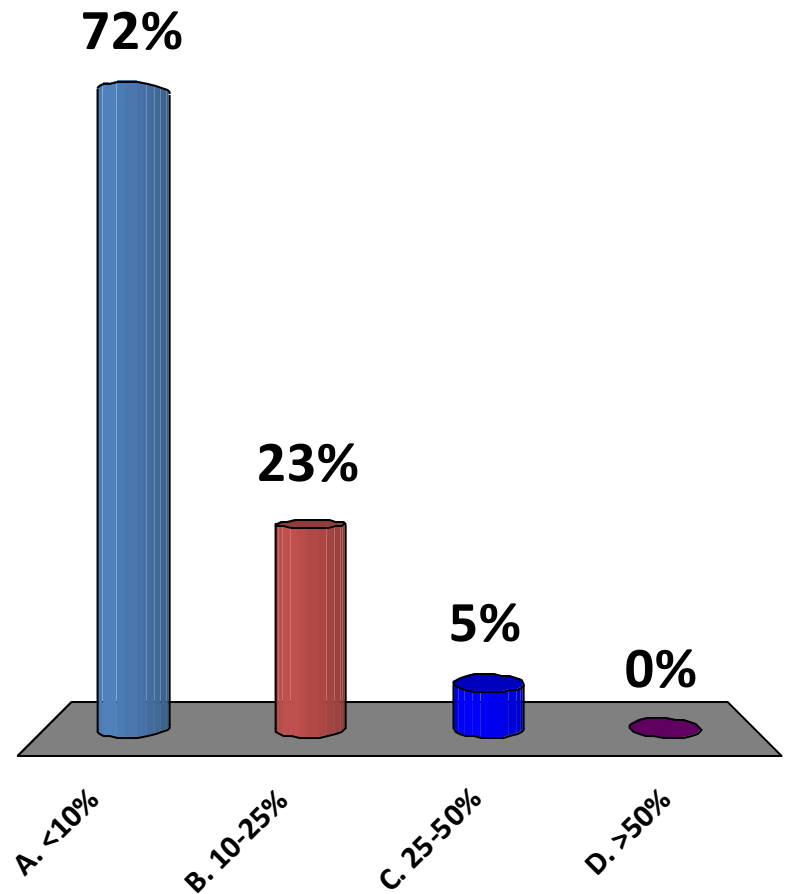
When would you give oral antibiotics in otitis externa?

1. Regularly (+/- ear drops)
2. After 1 course of drops with no improvement
3. unsure Diagnosis -otitis media/otitis externa
4. high fever/ severe infection/ immunocompromised
5. Following discussion with ENT



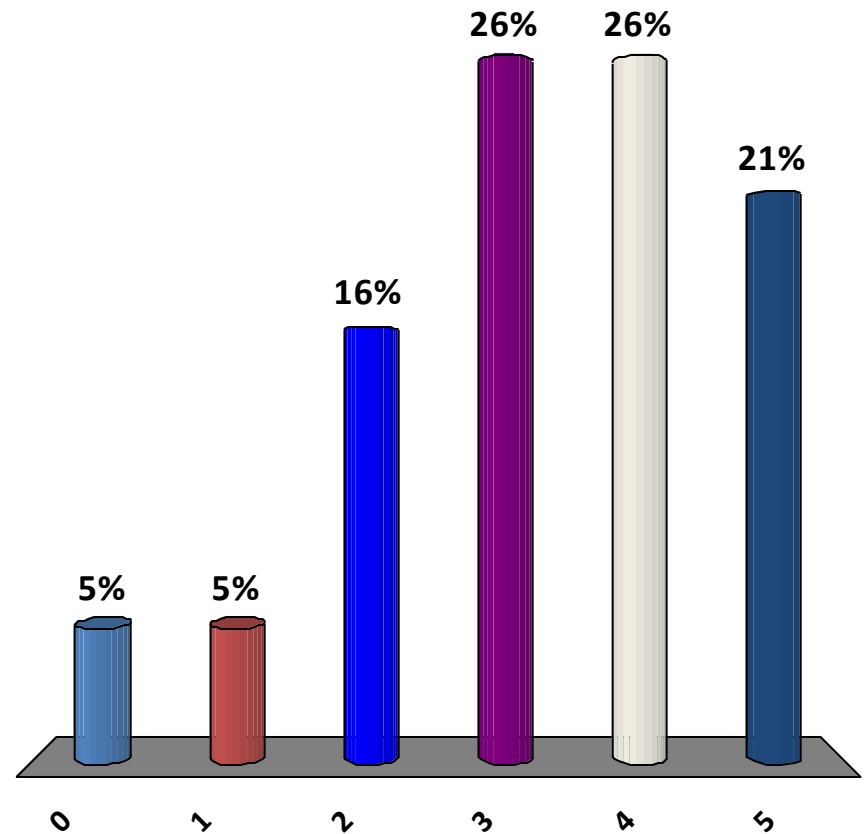
In your normal practice, what percentage of patients with otitis externa would you prescribe oral antibiotics? (approx)

- A. <10%
- B. 10-25%
- C. 25-50%
- D. >50%



On a scale of 0 – 5 (5 = extremely confident)
how confident do you feel in distinguishing
otitis externa v otitis media

- A. 0
- B. 1
- C. 2
- D. 3
- E. 4
- F. 5

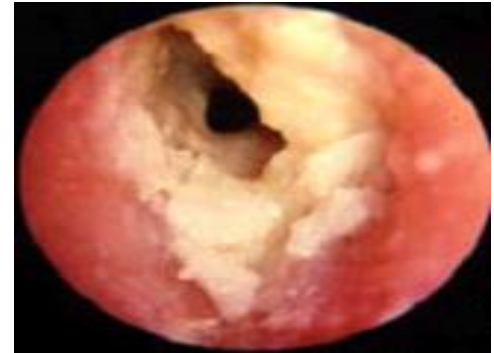


WHAT IS OTITIS EXTERNA.

- Inflammation of the external auditory meatus.
- Wet/Dry/Acute
- Chronic
- Malignant/ necrotising

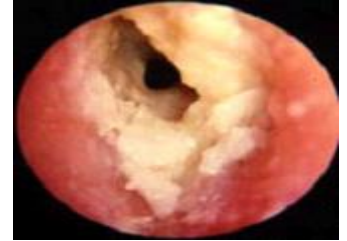
WET ACUTE: Signs and Symptoms

- Pain
- Itching
- Inflammation or Cellulitis
- Purulent discharge and keratin debris
- Hearing loss
- +/- fever



TREATMENT: WET ACUTE O/E

- Take History- determine cause
- Clean
- 1st Line- **Otomize spray/Gentisone HC drops**
- Systemic Antibiotics- some cases
- REVIEW after Treatment
- If Unresolved, SWAB, treat as per results , consider testing for diabetes.
- Treat /manage causatory element
- Ear care advice



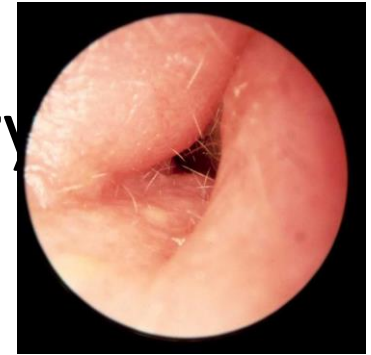
DRY ACUTE: Signs and Symptom



- Inflammation: localised in the outer external auditory
- Pain, sudden onset, EXTREME.
- Hearing loss

TREATMENT: DRY ACUTE O/E

- Regular analgesia/anti inflammatory
- Systemic Antibiotics
 - IF fever OR Immunocompromised
- Topical:
 - Trimovate cream
- Rarely:
 - Incision and Drainage



CHRONIC OTITIS EXTERNA

- Persistent Otitis Externa - > 3 months(NICE 2015)
- Unresolved Otitis externa
- Skin conditions
- Immunocompromised patients



CHRONIC: SIGNS AND SYMPTOMS

- Less painful
- Itching
- Stenosis of meatus
- Hearing loss
- Meatus occlusion by keratin debris



TREATMENT: CHRONIC O/E

- Clean
- Ointment *, WIKS, Drops*, Spray
- Individualise to the patient
- Ear care advice/education
- Analgesia if needed



MALIGNANT/ NECROTIZING OTITIS EXTERNA



- LIFE THREATENING FORM OF OTITIS EXTERNA
- Seen in
 - IMMUNO-COMPROMISED,
 - ELDERLY DIABETIC,
 - HIV PATIENTS ETC

Otitis externa maligna



MALIGNANT O/E: SIGNS AND SYMPTOMS

- Severe pain and headache
- Symptoms more severe than clinical signs would suggest
- Discharge
- Granulation tissue
- Intense inflammation
- Facial nerve palsy

Otitis externa maligna



TREATMENT: MALIGNANT O/E

- URGENT REFERRAL TO ENT EMERGENCY DOCTOR
- HOSPITAL ADMISSION
- IV AND ORAL ANTIBIOTICS, PROLONGED COURSE
- IMAGING
- MAY REQUIRE LOCAL DEBRIDEMENT



Otitis Externa Audit

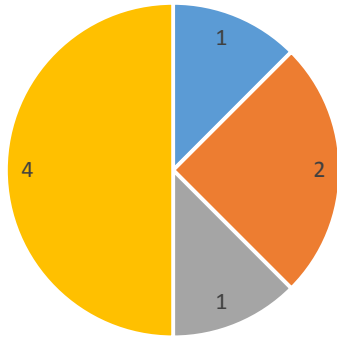
- Audit on treatment received in general practice prior to referral to ENT emergency clinic for otitis externa.
- Looking at whether oral abx are being prescribed and which antibiotic.

NICE guidance:

- Only consider adding an oral antibiotic for people with severe infection.
- **Oral antibiotics** are rarely indicated.
 - Consider seeking specialist advice if an oral antibiotic is thought to be required, such as for:
 - Cellulitis extending beyond the external ear canal.
 - When the ear canal is occluded by swelling and debris, and a wick cannot be inserted (requires referral to emergency clinic)
 - Diabetes or compromised immunity, and severe infection or high risk of severe infection, for example with *Pseudomonas aeruginosa*.

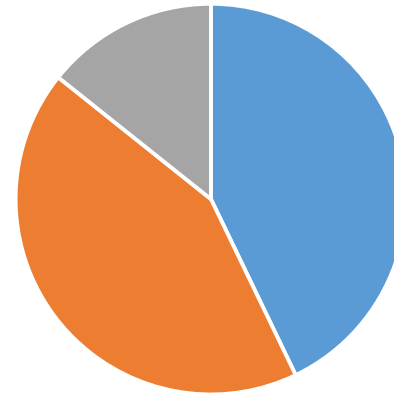
Early results

Treatment prior to clinic



■ no treatment ■ oral abx alone ■ topical abx alone ■ both

Type of oral abx used



■ flucloxacillin ■ amoxicillin ■ co-amoxiclav

Nice Guidance:

- If an oral antibiotic is to be prescribed in primary care, the options to consider are a 7-day course of:
 - Flucloxacillin, *or*
 - Erythromycin, if the person is allergic to penicillin

