

Did you know?

The latest from the field of otolaryngology

Otalgia

Ear pain is one of the more common ENT complaints encountered by an otolaryngologist. The origin of this pain can be *primarily* from a diseased ear or referred to the ear *secondarily* from a host of other non-ear sites. Pain is transmitted by sensory nerve fibers from the head, neck and/or chest. The primary mediator can be from any of five nerve sources: cervical nerves (C2, C3), the trigeminal nerve (CN V), facial nerve (CN VII), glossopharyngeal nerve (CN IX) and/or vagus nerve (CN X). Reliably, pain is triggered by a mechanism of inflammation, compression or invasion of nerve/nervous tissue. Therefore, these two helpful general diagnostic categories can be utilized when considering a patient with otalgia: primary ear disorders and secondary referred ear disorders.

Primary causes of otalgia mastoid disease may masquerade as purely outer ear infection, swelling or growth of the external canal. A good clue to a more serious deeply seeded mastoid bone disorder is a poor response to standard therapy and/or prolonged untreated patient presentation. With a chronic outer ear infection in a diabetic, a provider must consider malignant otitis externa. Perichondritis is an autoimmune reaction to ear cartilage. It is a bright red inflammation of the external ear that must be distinguished from a cellulitis: an acute infection with signs of tenderness, fever, pus, and or fluctuant tissue. Steroids are the mainstay of therapy for a perichondritis.

The most common secondary referred otalgia is temporomandibular joint disorder. Likened to a 'arthritis of the jaw joint', it may from arise from a variety of causes leading to synovial joint deterioration or swelling. Glossopharyngeal nerve induced otalgia can often arise from neoplasms of the base of tongue, tonsil or the closely associated larynx. These sites must be remembered by the clinician in any patient with a history of extensive smoking and alcohol use. These patients require a head and neck exam including laryngoscopy of the hidden larynx. Often a viral inflammation of the carotid sheath carotidynia can trigger a painful otalgia especially absent any ear nose and throat findings except painful palpation of the carotid bulb/bifurcation. NSAIDs are the mainstay of therapy and often an MRI can identify the carotid sheath inflammation. Last, a calcified or elongated stylomastoid ligament (Eagles syndrome) can impinge upon the carotid bifurcation and present with ear pain. Conservative NSAID use can be trialed but often surgical excision is helpful.

Regardless of the cause, otalgia can be therapeutically challenging and may require an otolaryngology exam.

Call us at (612) 339-2836 or toll-free at (866) 316-0769 to schedule an appointment with a specialist at one of our convenient locations.

PRIMARY CAUSES

Middle/Outer Ear

- Impacted cerumen
- Cellulitis/Perichondritis
- Ear foreign body
- Otitis media, suppurative or serous
- Otitis externa
- Eustachian tube dysfunction
- Infected cholesteatoma

Mastoid/Bone

- Mastoiditis
- Infected cholesteatoma
- Malignant otitis externa

SECONDARY CAUSES

Dental

- Tooth abscesses
- Trigeminal nerve injury with dental procedures
- Temporomandibular joint disorder
- Parotiditis

Oral/Mouth

- Unilateral exudative tonsillitis

Oropharynx Neoplasms

- Base of tongue lesions
- Supraglottic larynx lesions
- Tonsil lesions
- Soft palate

Uncommon Head & Neck Disorders

- Carotidynia
- Cervical spine disorders
- Eagles syndrome
- Temporal arteritis

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