

# Did you know?

The latest from the field of otolaryngology

## Otitis Externa

Also known as “swimmer’s ear” or “tropical ear,” acute otitis externa (AOE) is one of the most common infections encountered by clinicians.

In 2006, the American Academy of Otolaryngology–Head and Neck Surgery Foundation published a new guideline that provides evidence-based recommendations to manage diffuse AOE, defined as generalized inflammation of the external ear canal, which may also involve the pinna or tympanic membrane. The guideline has a **strong recommendation** about **proper pain control** of patients with AOE.

### The guideline has recommendations that clinicians should:

- 1) Distinguish diffuse AOE from other causes of otalgia, otorrhea, and inflammation of the ear canal. A diagnosis of diffuse AOE requires rapid onset with signs and symptoms of ear canal inflammation. **A hallmark sign** of diffuse AOE is **tenderness of the tragus** (when pushed), **pinna** (when pulled up and back), or both.
- 2) Assess the patient with diffuse AOE for factors that modify management (nonintact tympanic membrane, tympanostomy tube, diabetes, immunocompromised state, prior radiotherapy); and,
- 3) Use **topical preparations** for **initial therapy** of diffuse, uncomplicated AOE; **systemic antimicrobial therapy should NOT be used** unless there is extension outside of the ear canal or the presence of specific host factors that would indicate a need for systemic therapy such as diabetes or HIV infection/AIDS. When systemic antibiotics are indicated, clinicians should select the ones actively against *P aeruginosa* and *S aureus*, the most common pathogens identified in cases of AOE.

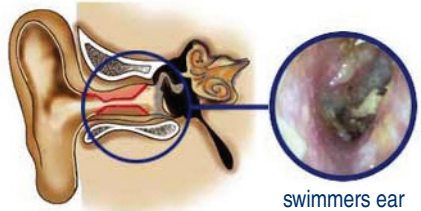


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### The guideline has additional recommendations that:

- 4) The **choice of topical antimicrobial therapy** of diffuse AOE should be based on efficacy, low incidence of adverse events, likelihood of adherence to therapy, and cost; review of randomized trials showed **no significant differences** in clinical outcomes of AOE for antiseptic vs. antimicrobial, quinolone antibiotic vs. nonquinolone antibiotic(s), or steroid-antimicrobial vs. antimicrobial alone.
- 5) Clinicians should inform patients how to administer topical drops, plus aural toilet, placing a wick, or both when indicated;
- 6) A nonototoxic topical preparation should be used for the patient with a tympanostomy tube or known perforation of the tympanic membrane; and,
- 7) The clinician should reassess the patient if no response to the initial therapeutic option within 48 to 72 hours.

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