

Inflammation and infection

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Otitis externa is very common and consists of generalised inflammation of the skin of the external auditory meatus. The cause is often cotton bud use, a moist environment, immunocompromise, allergies or skin disorders, such as psoriasis and eczema. Common pathogens are *Pseudomonas*, *Staphylococcus* bacteria, *Candida* and *Aspergillus*. Once the skin of the ear canal becomes oedematous, skin migration stops and debris collects in the ear canal. This acts as a substrate for the pathogens. Movement of the pinna elicits pain, which distinguishes it from otitis media. The initial treatment is with a topical antibiotic and steroid ear drops together with analgesia. If this fails, meticulous removal of the debris with the aid of an operating microscope is required. Fungal infection can be recognised by the presence of hyphae within the canal (Figure 51.12). Fungal infection causes irritation and itch. The treatment is meticulous removal of the fungus and any debris, as well as stopping any current antibiotics. Systemic antibiotics are rarely required for otitis externa but should be used if cellulitis of the pinna occurs (Figure 51.13). Necrotising otitis externa is a rare but important condition because, if left untreated, it has a high mortality. It presents as a severe, persistent, unilateral otitis externa possibly with facial weakness in an immunocompromised individual (e.g. elderly patient with diabetes). Usually the infecting organism is *Pseudomonas aeruginosa*. Osteomyelitis of the skull base may result in lower CN palsy (VII–XII). A multidisciplinary approach

Figure 51.10 Haematoma of the pinna. Figure 51.11 Removal of a foreign body from the ear canal can be a challenge (courtesy of Dr Christian Deguine).

involving microbiology and radiology is required with long term systemic antibiotic treatment.

Figure 51.12 Fungal otitis externa. Note the spores. Figure 51.13 Cellulitis of the pinna.

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