

Dr.: Anas

Otitis externa

It is the inflammation of the skin lining the external auditory canal. Otitis externa may be acute or chronic and localized (furunculosis) or diffuse, also classified as infective and reactive.

"furunculosis"

- **Etiology:** furunculosis is a staphylococcal infection of the root of the hair follicle and sebaceous gland, occurring in the cartilaginous meat us.
- **Clinical features:** the patient complain of severe pain in the ear, since there is absence of subcutaneous tissue. The inflammatory exudates produces great pressure on the nerve ending, so there is pain on opening the jaws.
The furuncle produces a red, swollen area in the canal and partially obliterate its lumen, the movement of tragus very painful, infection can cause cellulites in post aural region and cause its obliteration. The auricle stand out forwards and outwards. Usually there is lymphadenitis, with no-deafness and X-ray of mastoid usually clear.
- **Treatment:** in early stages, furunclosis is treated by analgesia . packing of the canal with gauze soaked in 10% ichthyl in glycerine, AB given for severe cases, penicillin resistant AB like cloxacillin are preferable when the abscess is pointing, it needs drainage.

(Chronic Diffuse Otitis Externa)

It chronic infection of ear canal, skin of pinna may involve.

- **Etiology:-**
The inflammation of the canal skin may be a part of seborrheic dermatitis or generalize skin disorder such as eczema. Organism commonly found are gram-ve such as protus and pseudomonas.

- **Clinical features:-**

The common symptoms of this disease are itching, pain, discharge and excessive desquamation, sometime impair hearing. The canal appear narrowed, skin red, swollen and dry. The discharge scanty thick with smelling.

- **Treatment**

Debris and discharge are cleaned. Piece of ribbon gauze soaked in AB-HC preparation put in canal and frequently change, systemic AB may be prescribed for few days. Water is avoided in the ear. Attention is given to underlying or associated skin disease.

(Otomycosis)

- **Etiology:-**

Its fungal infection of the ear. *Aspergillus Niger*, *aspergillus fumigates* and *Candida albicans*. Commonly in runny season with increase humidity. The condition may follow swimming with infected water.

- **Clinical features:-**

Itching and irritation common. With pain and sometimes scanty discharge. The canal is hyperemic.

Aspergillus Niger produces black colonies and *Candida* presents as white granules resembling wet blotting paper. When debris removed, TM normal.

- **Treatment:-**

Fungal debris is cleaned, local applications of nystatin in ear drop or other local. Fungicidal preparation like clotrimazole. 2% salicylic acid in alcohol drops is keratolytic and prescribe after removal of fungal debris.

(Malignant otitis externa)

- Etiology:-

This is fulminating, severe form of otitis externa particularly seen in elderly people and diabetic patient the causative organism is usually *Pseudomonas aeruginosa*.

- Clinical features:-

The condition behaves like malignant process and causes destruction of tissue of canal. Pre auricular and post auricular tissue, and may cause facial nerve palsy.

- Treatment:-

Local cleaning and debridement with heavy doses of AB, gentamycin, carbinicillin, with control to underlying condition (DM).

(Keratinosis Obturans)

Canal wall cholesteatoma

- Etiology:

The condition due to abnormal desquamation of epithelium in the deep external auditory canal.

- Clinical features:

The desquamated epithelium assumes properties similar to cholesteatoma and cause bony erosion of the canal. The condition may be associated with chronic bronchitis or bronchiectasis. Patient presented with deafness and pain.

- Treatment:

Periodical removal of this mass of desquamated epithelium is done under local or general anesthesia.

(Balloos Myringitis)

- **Etiology**

Is a viral infection characterized by formation of vesicles on the TM and near skin of deep meat us.

- **Clinical features:**

The main symptoms is severe pain in the ear otoscope reveals congested TM with vesicles on its surface.

- **Treatment:**

Treatment is symptomatic by analgesics. No attempt should be made to puncture the vesicles.

- **Complication:**

The main serious complication viral encephalitis.