

ANSWER SHEET

Otitis
Rhodes Clinic Conference
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1. A 20 y.o. Rhodes student comes for evaluation of left ear pain awakening him at 2 a.m. that day. He has no chronic illnesses but breaks out in hives when he takes sulfa drugs. He has not had antibiotics in over 6 months.

On examination he is afebrile and has no cervical or preauricular adenopathy. The left TM is red and bulging, and there is an opaque effusion present.

The initial most cost-effective ATB is:

- a. Cefaclor
- b. Cipro
- c. Erythromycin
- d. Trimethoprim
- e. Amoxicillin**
- f. Augmentin

Comment: This is classic acute otitis media characterized by ear pain, hearing loss, and fever. The TM is often red and bulging with an opaque effusion. *S. pneumoniae*, *H. flu*, and *M. catarrhalis* are the most common etiologies. Amoxil is the initial drug of choice. All 3 organisms may show resistance and treatment failure may be handled with high dose Augmentin, Ceftin, or Rocephin. Augmentin is dosed at 875/125 AM/CL q 12.

2. A 70 y.o. retired faculty member comes to Rhodes Clinic because he had a "stuffed ear" for about six weeks. He reports no recent colds or allergy symptoms but has right facial pain and decreased hearing. There is no recent travel history.

Examination of the left TM and ear canal is normal. The right TM is dull and immobile. Weber test lateralizes to the right side.

Which of the following is the next best management step?

- a. Rx. with Terfenadine
- b. Immediate audiology referral
- c. Rx. with phenylephrine
- d. Oronasopharynx examination**
- e. Rx. with Amoxicillin

Comment: Persistent serous otitis in an older patient raises possibility of nasopharyngeal cancer.

3. A 20 y.o. student comes with decreased hearing in the left ear. Two weeks earlier while in an airport she was treated at a walk-in center for acute otitis media with Amoxicillin - 500 mg tid x 10 days. She is concerned because she is supposed to fly again next week, and she has read that she should not fly with an ear infection. She notes that her hearing is still decreased and there is a popping sensation in the ear.

On examination the left TM is gray, retracted, and immobile. Which of the following is the best therapeutic intervention?

- a. Amoxicillin
- b. Pseudoephedrine and ample fluids**
- c. OTC nasal spray
- d. Referral for ENT consultation
- e. Chlorpheniramine

Comment: This is classic serous otitis. Fever and pain are absent, translucent fluid is often present, and the TM is retracted. Oral and intranasal decongestants are useful especially so if flight is imminent; also self-inflation of the eustachian tubes may provide sx. relief.

4. A healthy 19 y.o. student who is on the swimming team comes because of right ear canal itching. He finds himself scratching the canal with his pen. He reports no fever, hearing loss, or drainage.

On examination the canal is red with mild swelling and white debris. The patient reports discomfort when the right pinna is pulled.

Which of the following statements about this patient's ear problem is/are true?

- a. It may be caused by bacteria.**
- b. It may be caused by fungi.**
- c. Oral ATBS are the preferred therapy.
- d. Debris may need to be suctioned before treatment.**

Comment: This is classic external otitis. Treatment is topical and includes Vosol, Cortisporin, and Cipro HC Otic. Drops should be given 3 days beyond sx. cessation. Use a wick if swelling is severe. Clean debris out before therapy. No swimming until sx. gone.

5. Identify true statements about removal of cerumen from ears:
- A Water Pik can effectively remove cerumen.**
 - Cerumenex may be used at home for several days to remove cerumen prior to an office visit.
 - Debrox may be used bid x 1 week followed by irrigation to remove cerumen.**
 - TM perforation is an absolute contraindication to ear irrigation.**
 - Irrigation with H₂O is usually an effective method for removing a vegetable foreign body.

Comment: Cerumenex must be washed away soon after placement to avoid irritation.

6. Which of the following are reasons for prompt ENT referral?
- Malignant otitis media
 - Mastoiditis
 - Large TM perforation
 - Cholesteatoma
 - Persistent otalgia and fever 48 hours after starting ATBs for OM.
 - All of the above.**

Comment: Malignant OM occurs in DMs and immunosuppressed patients. Most common organism is Pseudomonas. Sx./signs are purulent discharge, severe ear pain, and TM joint pain.

7. A 19 y.o. Rhodes student comes for evaluation of left ear pain and hearing loss for three days. Two weeks ago she was given Amoxicillin for rhinorrhea, sneezing, and mild sinus tenderness. On examination today, she has a bulging red left TM with an effusion. What antibiotic should not be used in treating this patient?
- Bactrim**
 - Augmentin - high dose
 - Cefuroxime axetil (Ceftin)
 - Rocephin daily x 3

Comment: Recent antibiotic use predisposes to resistance. Highly resistant S. pneumoniae is best treated with Ceftin or Rocephin. Moderately resistant S. pneumoniae can be treated with high dose Augmentin. There is concern that the macrolides are bacteriostatic only and concentrate poorly in middle ear fluid. However, Azithromycin and Clarithromycin can be used if Pen. allergic. Bactrim may be ineffective against penicillin - resistant Pneumococcus and against beta lactamase producing H. flu and M. catarrhalis.

References:

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