

Diseases of the External Ear

Acute External Otitis

One of the most common diseases to affect the ear is known as external otitis, more commonly thought of or discussed by laymen as “**swimmer’s ear**”. External otitis is an inflammatory process or infection of the superficial layers of the outer ear canal. This process presents with ear pain, significant tenderness to touch, and possible discharge from the ear. The inflammation occurs along cartilaginous and bony parts of the ear canal. It causes hyperactivity in the epithelium forming inflammatory debris, fluid, white cells and excess wax and skin.

For the most part these infections respond to commonly prescribed drops, some of which are over-the counter and can be utilized for a case of external otitis which is not particularly advanced. These often contain steroids to help the inflammatory component lessen and thus hopefully ease the pain more quickly. In most instances, this will secure clearance of the infection, especially if water is also kept out of the ear. If the infection is severe, swelling occasionally closes the ear canal to the point that drops are not sufficiently able to enter. In these instances a wick may be applied into the ear canal by a physician to allow medicine delivery. Oral antibiotics may be prescribed, particularly if the infection extends beyond the ear canal onto the face. Thorough cleaning with the aid of an operative microscope to remove debris is perhaps the most significant portion of the care that can make a difference between continued chronic difficulties and clearance.

Chronic External Otitis

An external otitis which persists or reoccurs is described as chronic external otitis. Chronic external otitis manifests itself with more subtle signs and symptoms. Frank pain is uncharacteristic. Itching, a slight burning feeling, a vague plugging sensation, or pressure are all possible symptoms. Unlike acute otitis externa, the amount of difficulty and the depth of the infection are more deeply seeded. Skin over-production is heightened and treatment is somewhat varied from the acute form. Multiple repeated courses of therapy for an acute otitis will not commonly completely eradicate a chronic external otitis. This form of external otitis needs examination by an otolaryngologist or otologist. Meticulous cleaning using an operative microscope is the mainstay and a necessary part of treatment to eradicate the disease. The conchal bowl within the pinna is often the site of recurrent seeding for chronic ear canal problems and must be addressed as well. Potential exacerbating factors such as diabetes or immunodeficiency syndromes sometimes coexist and must be managed concurrently.

The microscopic examination of the outer ear may uncover the presence of granulation tissue (a polyp). This finding is a manifestation of a very worrisome type of infection termed **MALIGNANT EXTERNAL OTITIS**. This infection extends into the soft tissues and the bone of the ear canal and skull base. It requires extensive treatment and is a very dangerous infection.

For that reason, on many occasions it is extremely important to have a very close microscopic examination by an otolaryngologist who is cognizant of these possibilities.