

OTORRHOEA

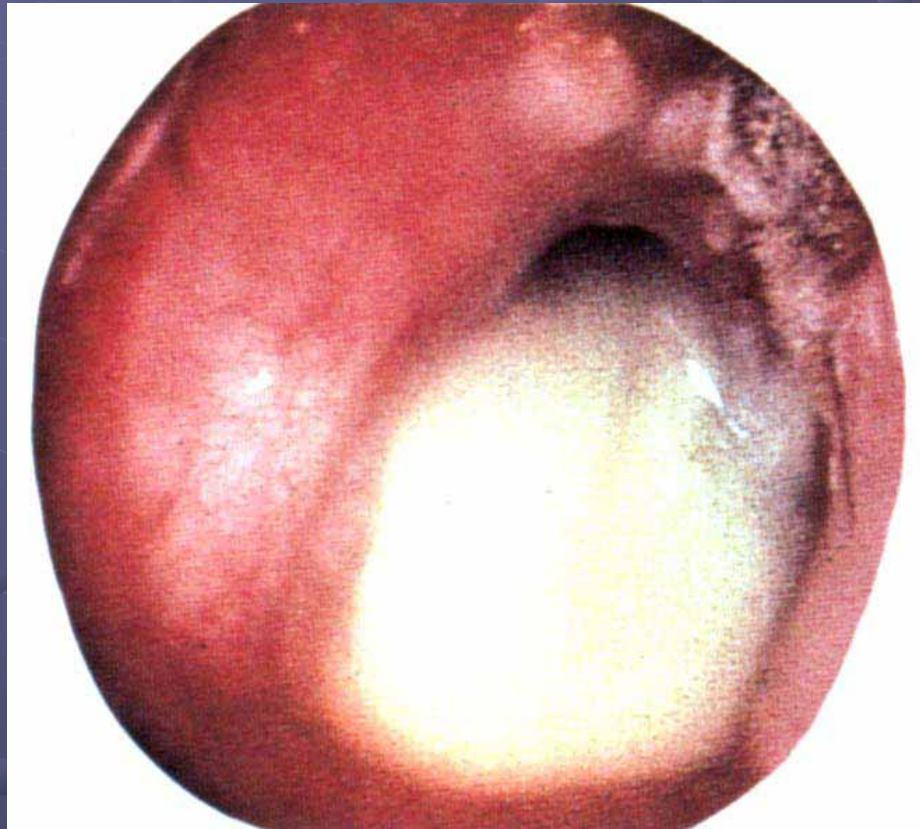
James Loock
Division Otorhinolaryngology
Faculty of Health Sciences
Tygerberg Campus
University of Stellenbosch



OTORRHOEA

- (Wax excluded)
- Purulent most common++
- Watery
- Bloody

PURULENT OTORRHOEA



PURULENT OTORRHOEA

CAUSES:

● CSOM

- Without cholesteatoma
- With cholesteatoma
- TB

● Otitis externa

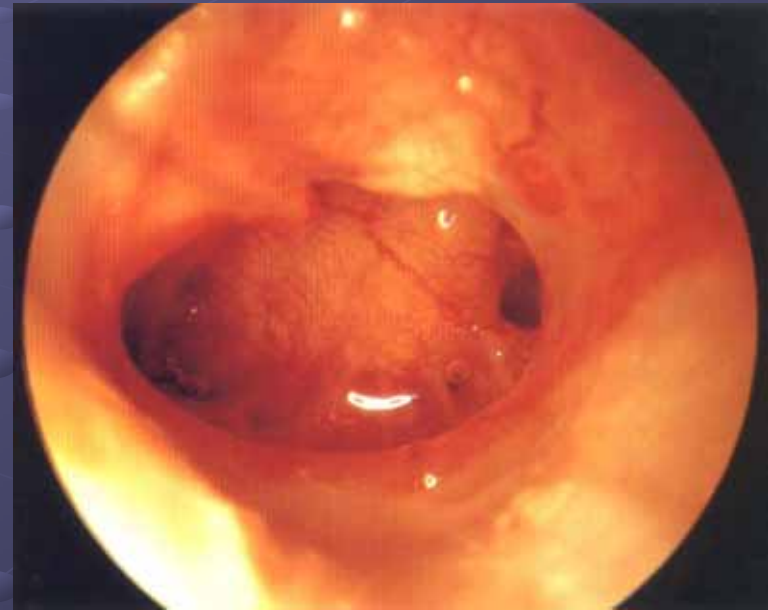
● Granular myringitis

● (Acute otitis media)

● Carcinoma of the ear

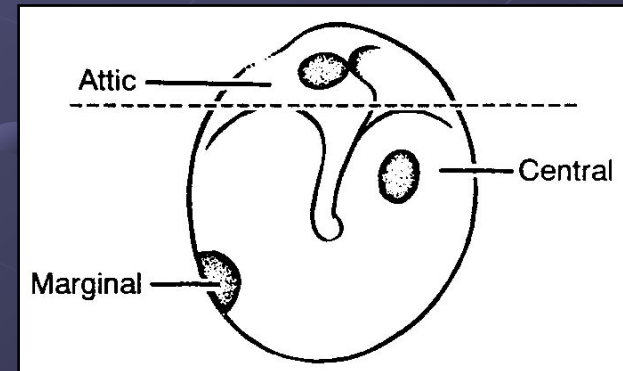
CSOM without cholesteatoma:

- TM defect
- Chronic/recurrent d/c
- Active/inactive
- No skin/debris in M.E.
- R:
 - Get dry
 - Aural toilet
 - Local A/B +/- steroid
 - Tympanoplasty



CSOM with cholesteatoma:

- Persistent d/c
- Non-response to R_x
- Mousy odour
- “Dandruff” deep to TM
- Pars flaccida/marginal perforation
- “Sentinel” granuloma
- R_x :
 - Refer for surgery



Tuberculous CSOM :

- Gen TB
- Osteitis in ear:
 - Sequestra
 - “Naked” ossicles
- Non-response to treatment
- “Pale granulations”
- “In South Africa, a child with a runny ear and a facial nerve palsy has TB until proven otherwise”

OTITIS EXTERNA:

- Usually present with pain > otorrhoea
- Scanty discharge
- Discharge “pasty” (from skin) > mucoid
- Swollen inflamed EAC
- May be inflam of TM dt infected material lying on it

GRANULAR MYRINGITIS:

- Otorrhoea
- Itch
- Intact TM with granulations on it
- Can creep up EAC



ACUTE OTITIS MEDIA:

- May be single episode of drainage small amount of pus



CARCINOMA of the EAR:

- Occurs

WATERY OTORRHOEA:

- CSF
- Trauma, usually
- ? # BOS / Petrous temporal bone
 - EAC / T.M. / middle ear
 - Inner ear
 - Facial nerve
- B 2 transferrin

BLOODY OTORRHOEA:

- Trauma
- Barotrauma
- Granuloma around a grommet
- Granuloma from CSOM
- (Paraganglioma)