OTORRHOEA

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OTORRHOEA

(Wax excluded)

Purulent  most common++

Watery

Bloody
PURULENT OTORRHOEA
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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 R₃
- Mousy odour
- “Dandruff” deep to TM
- Pars flaccida/marginal perforation
- “Sentinel” granuloma

R₃:
  - 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)