

# OTORRHOEA

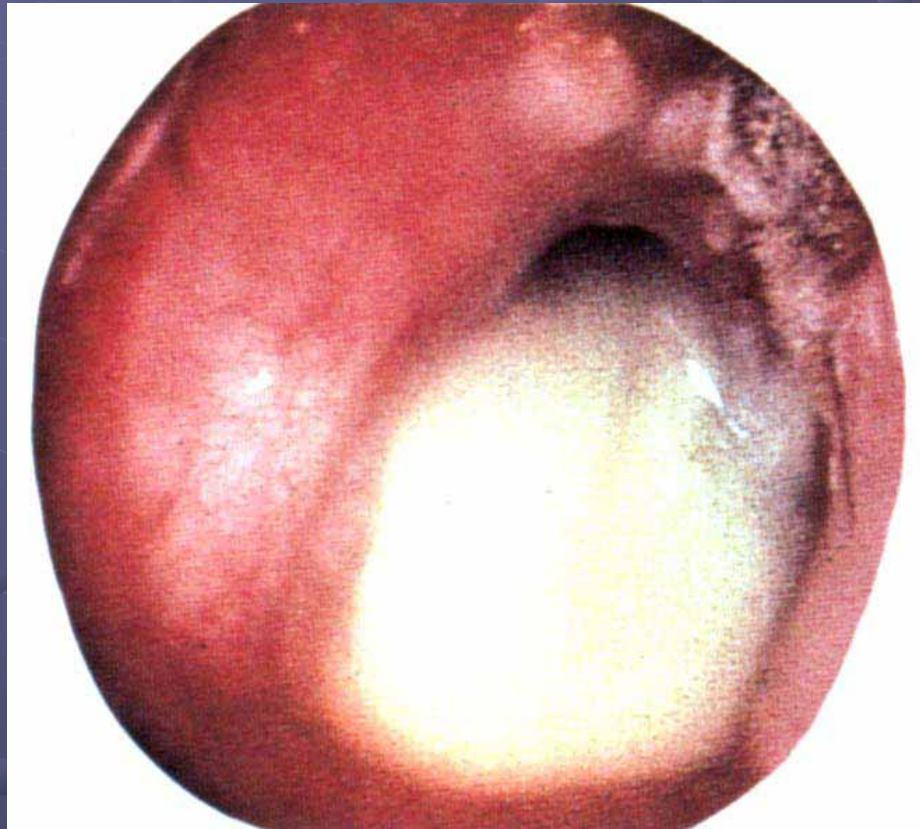
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# OTORRHOEA

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

# PURULENT OTORRHOEA



# PURULENT OTORRHOEA

## CAUSES:

### ● CSOM

- Without cholesteatoma
- With cholesteatoma
- TB

### ● Otitis externa

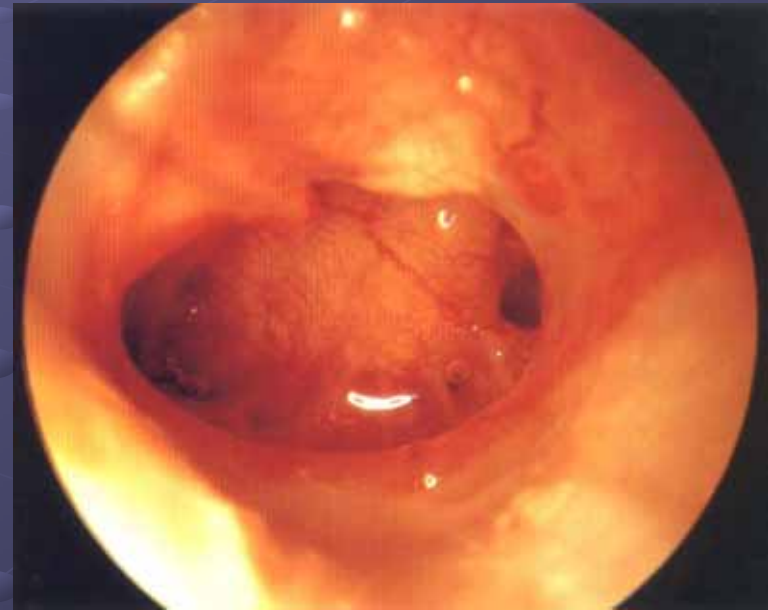
### ● Granular myringitis

### ● (Acute otitis media)

### ● Carcinoma of the ear

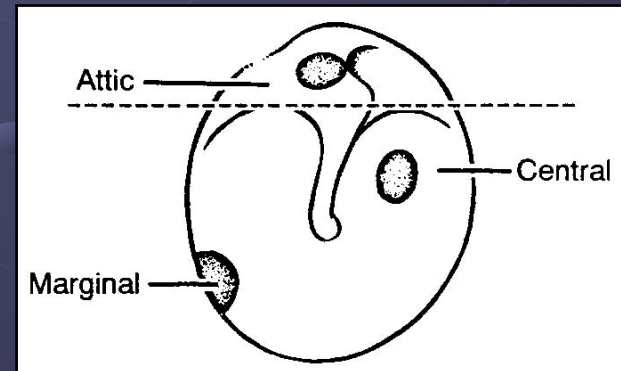
# CSOM without cholesteatoma:

- 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)