<!DOCTYPE html>

<html lang="en">

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<strong>EM survival guide</strong>

<head>

<meta charset="UTF-8">

<title>HEENT</title>

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<body>

<h1>Ear</h1>

<p>Sx: otalgia, sudden hearing loss, discharge and debris, vertigo, N/V, headache, fever, trauma to the ear, recent URI.</p>

<p>Signs:prominent blood vessels on tympanic membrane (otitis media), dix-Hallpike test, pain on moving the penna, tympanic membrane perforation, and foreign bodies in the ear, bulla on TM.</p>

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<h2>Otitis Externa</h2>

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<li>Caused by P. aeruginosa (Most common), enterobacteriaceae, proteus, staph. otomycosis (tropical climates and immunocompromised, long term Abx). Aspergillous and candida most common fungal pathogens. </li>

<li>Rx: Ofloxacin otic 5 drops BID, acetic acid/hydrocortisone otic 5 drops TID (not with perforated TM), ciprofloxacin/hydrocortisone otic 3 drops BID for 7 days.</li>

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<img src="http://www.medrx-education.com/uploads/1/4/0/9/14097223/7427202\_orig.jpg" alt="otitis externa">

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<h2>Maligant Otitis Externa</h2>

<ul>

<li>90% caused by P. aeruginosa, in elderly, DM, immunocompromised pt. CT is necessary to determin the extent and stage of disease. </li>

<li>Rx: Tobramycin 2 mg/kg IV and pipracillin 3-4 gm IV or ceftriaxone 1 GM IV OR Ciprofloxacin 400 MG IV + Admit.</li>

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<h2>Otitis Media</h2>

<h3>Causes</h3>

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<li>acute: S. pneumoniae (48%), H. influenza (29%), and M. catarrhalis (28%).</li>

<li>Chronic: S. aureus, P. aeruginosa, anaerobes.</li>

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<h3>Complications</h3>

<p>perforation of TM, conductive hearing loss, acute serous labyrinthiitis, facial nerve paralysis, mastoiditis, lateral sinus thrombosis, cholesteatoma and intracranial complications.</P>

<h3>Rx</h3>

<ul>

<li>Pain control</li>

<P>Tylenol/Ibuprofen (>6 months old)</p>

<li>Abx</li></ul>

<h4> < 6months </h4>

<p>antibiotics even if uncertain diagnosis<p>

<h4>6 months-2 years</h4>

<p>antibiotics if diagnosis is certain or if uncertain but febrile to 39 C or moderate to severe otalgia</p>

<h4>>6 months</h4>

<p>with uncertain diagnosis may be treated symptomatically while deferring antibiotics for 48-72 hours. Close follow up with PCP.</p>

<h4>Antibiotic options</h4>

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<li>10 days of Amoxicillin 250-500 mg PO TID, or Azithromycin 500 mg PO OD for 1 day then 250 mg PO OD for 4 days, or cefuroxime 500 mg PO BID for 10 d.</li>

<li>benign allergic reaction</li>

<p>Penicillin allergic-Cefdinir, cefuroxime, cefpodoxime</p>

<li>Anaphylaxis to penicillin</li>

<p>Azithromycin, Clarithromycin, Bacterium.</p>

<li>If unresponsive after 72 hours Cefuroxime or amoxicillin/ clavulanate.</li>

<li>If OM with effusion extend treatment to 3 weeks.</li>

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<h2>Acute Mastoiditis</h2>

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<li>CT to further characterize extent of boney involvement.</li>

<li>Rx: Vancomycin 1-2 gm IV orceftriaxone 1 gm IV admission and possible surgical drainage.</li>

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<h2>Lateral Sinus Thrombosis</h2>

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<li>Dx can be made with CT although MRI or angiography may be necessary.</li>

<li>Rx: Nafcillin 2 gm IV, Ceftriaxone 1 gm IV and Metronidazole 500 mg IV and admission.</li>

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<h2>Bullous Myringitis</h2>

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<li>Causes: viruses, M. Pneumoniae, chlamydia psittaci.</li>

<li>Rx: symptomatic with pain control Abx if concomitant OM.</li>

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<h2>Trauma to the ear</h2>

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<li>if hematoma immediate I&D with compressive dressing to prevent cauliflower ear.</li>

<li>Thermal injuries Rx with cleaning and topical non sulfa containing Abx ointment and light dressing.</li>

<li>Frostbite Rx with rapid rewarming by using saline soaked gauze at 38C-40C. Give analgesics before rewarming.</li>

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<h2>Foreign Bodies in the ear</h2>

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<li>Look for signs of infection or perforation.</li>

<li>Live insects 2% lidocaine solution distilled into the ear canal.</li>

<li>Can be removed with direct forceps or irrigation hooked probe or suction cath.</li>

<li>Consult to ENT if TM perforated.</li>

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<video>http://www.nejm.org/doi/full/10.1056/NEJMvcm1207469?rss=searchAndBrowse</video>

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<h2>TM perforation</h2>

<p>Abx are not necessary unless there is persistent foreign material in the canal or middle ear.</p>

<p> for further reading</p>

<a href="https://www.uptodate.com/contents/malignant-necrotizing-external-otitis?source=search\_result&search=external%20ear&selectedTitle=5~150"></a>

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