

# Central Adelaide Ear, Nose and Throat (ENT) Service

## Clinical Information Sheet

Clinical Condition	Ear Infections
<b>Eligibility</b>	Chronic suppurative otitis media Acute otitis externa Otaglia without significant clinical findings
<b>Priority</b>	Chronic suppurative otitis media <ul style="list-style-type: none"> <li>• Otolaryngology referral indicated for persistent symptoms despite appropriate treatment. Associated symptoms suggest urgency needed</li> </ul> Acute otitis externa <ul style="list-style-type: none"> <li>• Urgent if canal is swollen shut and wick cannot be inserted or cerumen impaction complicating OE</li> <li>• Urgent if necrotizing otitis externa due to pseudomonas in diabetics</li> <li>• Semi Urgent if unresponsive to initial course of a wick and antibacterial drops</li> </ul> Otaglia without significant clinical findings <ul style="list-style-type: none"> <li>• Semi Urgent if pain persists and aetiology not identified</li> </ul> Referrals should be faxed to 8222 5989.
<b>Differential Diagnoses</b>	
<b>Information required with referral</b>	Chronic suppurative otitis media <ul style="list-style-type: none"> <li>• Chronic discharge from the ear(s), hearing loss.</li> <li>• Examination: Perforation of drum (especially attic or postero-superiorly granulation tissue and/or bleeding).</li> <li>• Complications suggested by: Postauricular swelling/abscess, facial palsy, vertigo, headache</li> </ul> Acute otitis externa <ul style="list-style-type: none"> <li>• Otaglia, significant ear tenderness, swollen external and canal +/- hearing loss.</li> <li>• Examination: Ear canal always tender, usually swollen and may be inflamed. Often unable to see TM because of debris or canal oedema.</li> </ul> NB: Fungal otitis externa may have a large fungal pad and spores visible.                     Otaglia without significant clinical findings <ul style="list-style-type: none"> <li>• Ear pain without tenderness or swelling.</li> <li>• Physical examination: normal ear canal and TM.</li> </ul>

	NB: Mastoiditis in the presence of a normal drum and without previous infection is almost impossible.
<b>Investigations required with referral</b>	
<b>Pre-Referral management strategies (include with referral)</b>	<p>Chronic suppurative otitis media</p> <ul style="list-style-type: none"> <li>• Aural toilet (not syringing).</li> <li>• Culture directed antibiotic therapy: systemic and copious aural drops. Protect ear from water exposure.</li> </ul> <p>Acute otitis externa</p> <ul style="list-style-type: none"> <li>• Topical treatment is optimal and systemic antibiotics alone are often insufficient. systemic antibiotics indicated when there is cellulitis around the canal.</li> <li>• Insertion of an expandable wick with topical antibacterial medication useful when the canal is narrowed.</li> <li>• In fungal OE, thorough cleaning of the canal is indicated, plus topical antifungal therapy. (Kenacomb,</li> </ul> <p>Otalgia without significant clinical findings</p> <ul style="list-style-type: none"> <li>• Requires a diagnosis and appropriate treatment. Possible aetiologies include: <ul style="list-style-type: none"> <li>○ TMJ syndrome; neck dysfunction; referred pain from dental pathology, tonsil disease, sinus pathology and head and back malignancy.</li> </ul> </li> </ul>
<b>Discharge Criteria/information</b>	Once condition has stabilised
<b>Fact sheets</b>	

### For more information

**Central Adelaide - Ear, Nose and Throat (ENT) Service**  
**Royal Adelaide Hospital, North Terrace ADELAIDE Telephone: 08 8222 4000**  
**The Queen Elizabeth Hospital, 28 Woodville Road, WOODVILLE Telephone: 08 8222 6000**

© Department for Health and Ageing, Government of South Australia. All rights reserved.



Government  
of South Australia

SA Health