Chronic Draining Ear

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Cases

• Tympanostomy tube otorrhea
• History of cholesteatoma
• Recalcitrant otitis externa

Case #1

• 4 year old male, otherwise healthy, undergoes tympanostomy tube placement for chronic serous otitis media
• The ears appeared healthy with amber fluid at time of tube placement
Do you routinely order ear drops after tympanostomy tube placement?

• Yes
• No

Panelists

• Do you routinely use drops post-tube placement?
• If so, what drops do you use?
• If not, in what situations would you use drops?
• How long after tube placement do you see the patient back?
Case #1

- 4 year old male, otherwise healthy, undergoes tympanostomy tube placement for chronic serous otitis media
- The ears appeared healthy with amber fluid at time of tube placement
- 10 days post-op returns with yellow drainage and granulations around the tube

How would you treat this patient?

A. Ototopic drops
B. Oral antibiotics
C. Ototopic drops and oral antibiotics
D. Other
Panelists

• How do you treat post-tympanostomy tube otorrhea?
• What do you do if persists?
• When do you make decision to remove tube?
• Do you remove only or remove and replace?
• Do you favor specific types of tubes to reduce post-operative drainage?

Case #2

• 17 year old male with history of left acquired cholesteatoma
• Tympanoplasty with ossiculoplasty 5 years earlier
• Recent episode of otorrhea with persistent mild purulence on exam
• Failed multiple courses of drops

Case #2

• Tympanic membrane with mild muscosalization and mucopus along posterior aspect
• No granulation tissue
• No perforation
• No masses noted
• Audiogram stable with 25dB air-bone gap
• Tympanometry normal
How would you further evaluate this patient?

A. Surgical exploration
B. CT Temporal bones
C. MRI scan
D. Other
Panelists

- How do you interpret this CT scan?
- Do you get a CT scan in these cases?
- When is a CT scan useful?
- What other options do you consider?

Non-EP-DW-MRI Scan

Case #3

- 14 year old hearing aid user with chronic bilateral otorrhea for 4 months
- Initially treated with CSOS
- Tried on ofloxacin and on ciprofloxacin with dexamethasone
- Continues with thick debris, ear plugging, and watery-gray drainage
Panelists

• What is your differential?
• What is the role of cultures?
• How do you manage hearing aid use?
• Do you do any imaging?

What do you use for fungal otitis externa?

A. Acetic acid drops
B. Vinegar-water irrigations
C. Boric acid powder
D. Nystatin cream
E. Clotrimazole drops
F. Other
Panelists

- How do you manage recalcitrant fungal otitis externa?
- Do you use compounded powders or preparations?
- What can you do for maintenance given the hearing aid use?
- Other options?

Audience Question?