

## EVIDENCE-BASED PRACTICE RECOMMENDATIONS

### Evaluation And Treatment Of Common Ear Complaints In The Emergency Department

Siegelman J, Kazda G, Lindberg D. July 2010, Volume 12; Number 7

*This issue of Emergency Medicine Practice covers 4 common complaints involving the ear: pain (otalgia), hearing loss, tinnitus, and trauma. For a more detailed discussion of this topic, including figures and tables, clinical pathways, and other considerations not noted here, please see the complete issue on the EB Medicine website at [www.ebmedicine.net/topics](http://www.ebmedicine.net/topics).*

Key Points	Comments
Otitis media does not always require antibiotics, and can often be safely treated with a “wait-and-see” prescription in well appearing children with reliable follow-up.	Use of this strategy in healthy children between 6 months and 2 years of age is limited to those with non-severe illness (fever < 39°C [102.2°F] and mild otalgia) and an uncertain diagnosis. In children older than 2 years, it is limited to those without severe symptoms at presentation or those with an uncertain diagnosis. The observation strategy has not been shown to be associated with any significant increase in risk of meningitis or mastoiditis, though studies have not included enough patients to reliably exclude a small increase in these rare outcomes. <sup>32,33</sup>
Proper aural toilet should be performed in treating otitis externa to ensure that topical antibiotics are delivered properly.	A systematic review of 18 trials revealed no difference in the clinical outcome between treatment with an antiseptic (such as acetic acid) versus antibacterial (such as an aminoglycoside), or between steroid plus antimicrobial and antimicrobial alone, though it did show benefit of antimicrobial plus steroid over steroid alone. <sup>4,44</sup> Steroids do seem to reduce duration of pain and itching. <sup>45</sup>
Malignant otitis externa can be devastating; be on the lookout for this in diabetics and immunocompromised patients.	Emergent ENT consultation should be obtained for confirmation and further evaluation, which may include CT imaging.
Hearing loss is a rare complaint in the ED. Conductive loss caused by foreign body or cerumen can often be treated immediately whereas most causes of sensorineural hearing loss will be best evaluated as an outpatient by ENT.	Multiple agents have been tried in the treatment of idiopathic sudden sensorineural hearing loss, but clear evidence showing benefit for any of them is lacking. A Cochrane review on steroids found only 2 trials, with conflicting results. <sup>61</sup> Multiple reviews do still recommend a 10-14 day taper of prednisone beginning at 60 mg, with few other treatment options available. <sup>24</sup>
Auricular hematomas must be incised and drained to avoid infection and deformity.	Simple needle aspiration of the hematoma is often cited as the initial recommended treatment, though it often fails, occurring in 75% of cases in one study. <sup>76</sup> One explanation for failures, described in a retrospective review of 10 patients who failed at least 1 attempt at needle aspiration, is that in some patients the hematoma forms within the cartilage itself, as opposed to the subperichondrial space. <sup>77</sup>

See reverse side for reference citations.

## REFERENCES

*These references are excerpted from the original manuscript. For additional references and information on this topic, see the full text article at [ebmedicine.net](http://ebmedicine.net).*

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