

otalgia

Aural causes(local);

-Acute o.media ,Barotrauma

-O.externa, furunculosis, malignant o.ex

trauma(ext.canal, perforation)

-f.b

-carcinoma(ext ,middle ear)

-mastoiditis

-I.C complication with involve of dura

-Herpes zoster oticus

referred otalgia;

because of sharing of n. supply between different structures &the ear pain may be referred from these structures to the ear

n. supply of ear;

1.Auriculo-temporal n.(trigeminal)

2.sensory branch of facial n.

3.lessor occipital& greater auricular(c2-c3)

4.tympanic n.(glossopharyngeal)

5.Auricular n.(vagus)

1_Disease of nose ,PNS, nasopharyngeal

-rhinosinusitis, (F.B, Rhinolith)

-NP ulceration, ca

-pharyngitis(naso)

-adenoidectomy

2_Lesion of the teeth, jaws

-dental caries, impacted wisdom tooth

-apical abscess

-malocclusion or overclosure of jaws (costen"s syndrom)

-T.M joint problems

3_cx spine disease

e.g disc , arthritis

4_glossopharyngeal neuralgia(brief sudden onset pain in tonsillar region)(eagle"s syndrom)

5_oropharyngeal lesion

1.pharyngitis,tonsilitis

2.peritonsillar abscess

3.parapharyngeal,retro-pharyngeal abscess

4.post tonsillectomy

5.T.B,CA

6_hypopharyngeal,larynx

-ca larynx, perichondritis of laryngeal cartilage

-T.B larynx

-ca(pyriform fossa)

-F.B in hypopharynx

-Recurrent ca larynx after dxt

7_lesion of tongue

-ulcer

-ca post 3rd

-ca valecula

8_Salivary gland lesion

-acute infection

-calculi

***Rarely myocardial ischemia through the vagus**

Itching;

1-reactive;

1.seborrheic o.externa

local topical treatment(steroid)

(atopic)(chemical)

2.allergic otitis externa

serous discharge

for itching hydrocortisone (cream, drops)

3.psychogenic otitis externa(psychiatric)

2-infective

-localize boil staph infection

-viral herpes zoster

-diffuse o.ext

predisposing factors;

-narrow ext

-trauma

-humidity

-seborrheic

-allergy

RX;

-predisposing factors;

-ear swab

-aural toilet

-aural wick

-trichloroacetic acid

3-otomycosis(fungal infection of EAC)

Aspergillus species 80% black or brown debris(spots)

candida 20%debris plotting paper creamy (newspaper)

Aural toilet under microscope

remove of debris

suction clearance

dry mopping

topical rx wick

-antibacterial

-antifungal

-steroid

-clotrimazole

-kenakenazole

-nystatin

salicylic acid

-iodine (povidon)

discharge_ wax

serous

seropurulent

mucopurulent(perforated T.M)

SCOM

blood(head injury, trauma, ca ,g.t)

csf(otorrhea)traumatic ,surgical

o.m.e ;chronic accumulation of mucus within middle ear cleft glue like for more than 3 months

common 2-5 years

uncertain cause

theories

-adenoid hypotrophy

cleft palate

-allergy

-immunodeficiency syndrom

-gastroesophageal reflux

-passive smoking

C.F;

1.hearing difficulty, delayed speech, learning difficulty

2.bad performance at school

3.agresive behavior

4.poor speech development

may have tinnitus

otoscopically

(color of T.M)amber

position

air bubble .fluid level

in severe case (dull=looking T.M)

TUNNING fork test ,conductive deafness

P.T.I, tympanometry flat (type B)

RX:

underlying cause(as adenoid)

allergy

valsalva maneuver to inflat middle ear

open the A tube

antibiotic for along period of time

myrngitomy+grommet

teflon ,stainless stell

short acting (6month)

long acting Ttube

(accessory aust.tube)

hearing aid

in adult nasopharyngeal cause -ca

unilateral-o.m.e, allergy, common cold