

Conflict of interest

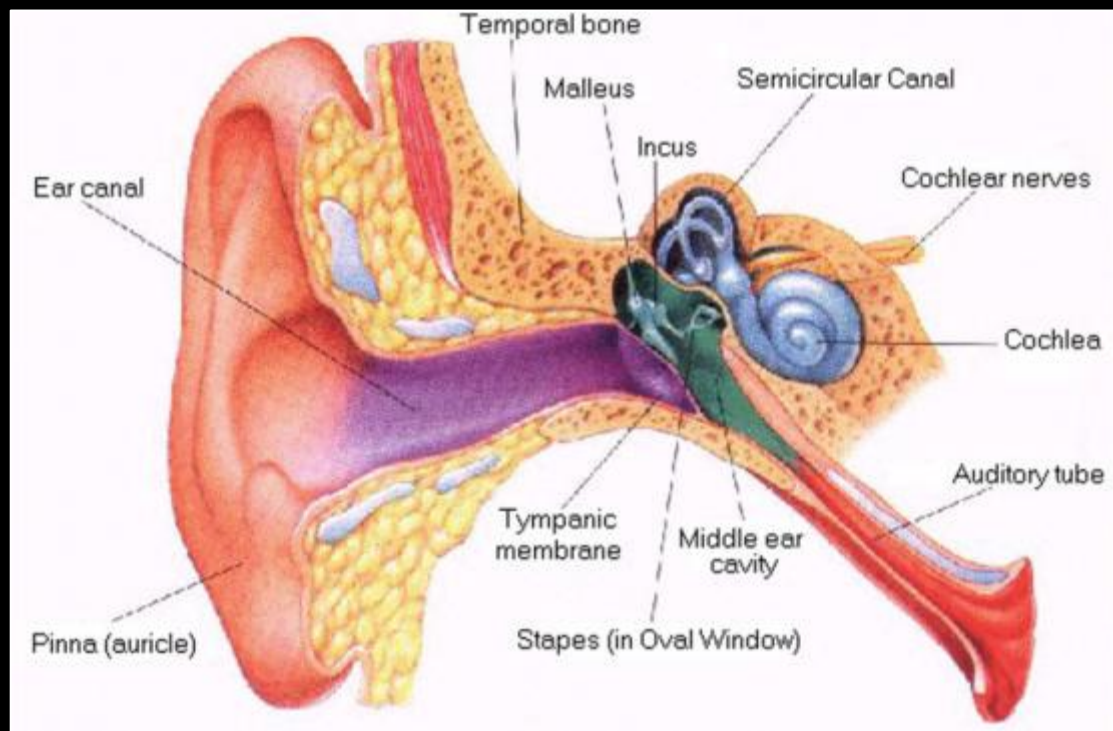
- None

The patient with a discharging ear



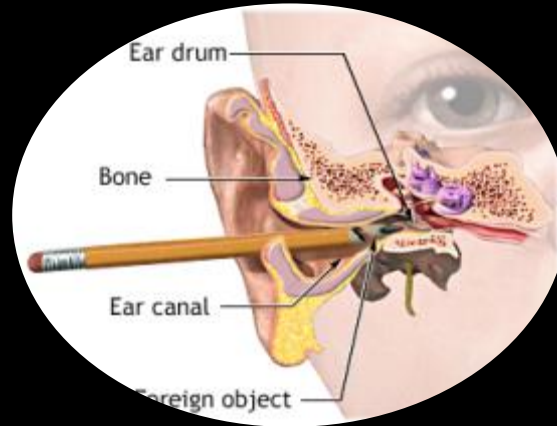
Differential Diagnoses

- Otitis Externa
- Otitis Media
 - Acute
 - Chronic
- Cholesteatoma
- Skull base lesion
 - Glomus, CSF



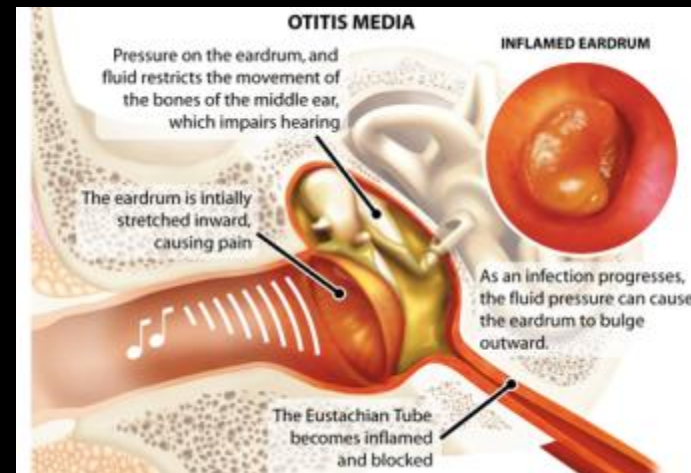
History

- Otorrhoea
- Otalgia
- Deafness
- Tinnitus
- Vertigo
- Time-line
- Provocation



Otorrhoea & Otagia

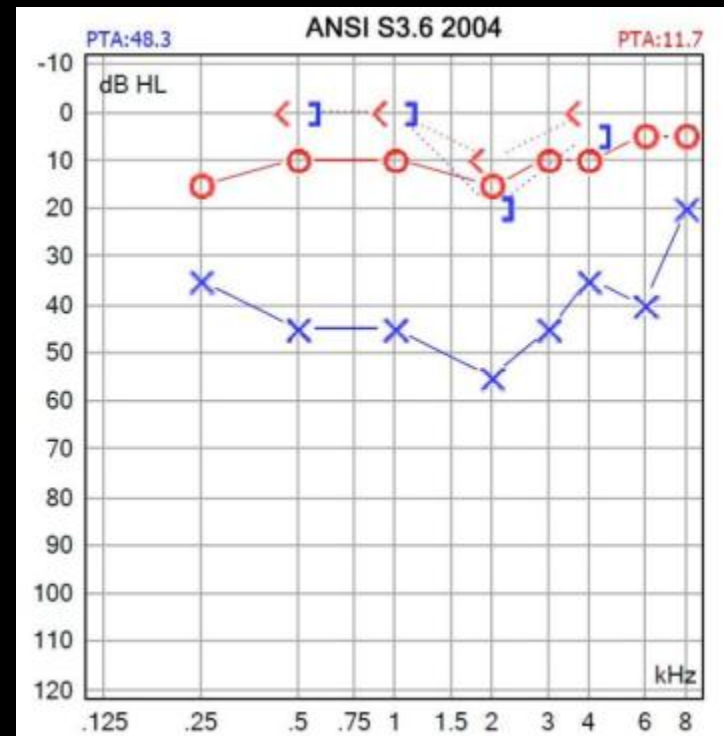
- Watery, mucoid, purulent, bloody, itchy



- Dull, deep, systemic upset-fever, radiation, chewing/TMJ, relieved by discharge, worse with tragal pressure or pinna movement

Deafness & Tinnitus & Vertigo

- Onset of hearing loss
 - Expect a conductive HL with discharge
- Accompanied by tinnitus
 - Pulsatile?
- Dysequilibrium or vertigo



Otoscopy : otitis externa

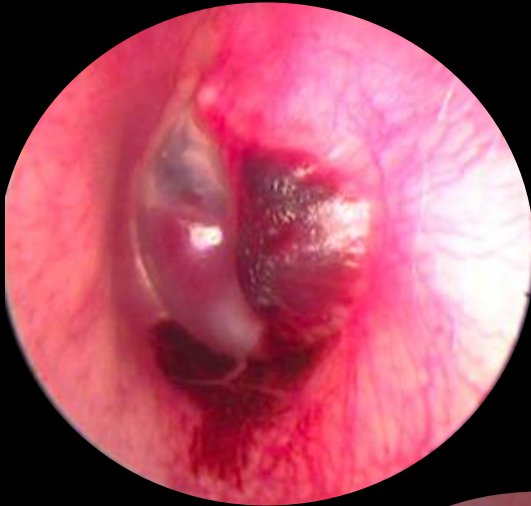


Management

- Topical antibiotic/steroid drops
 - Swab
- Microsuction
- Pope wick
- When to refer:
 - Pain management, spreading cellulitis, necrotising OE, exostoses surgery



Otoscopy: otitis media



Management

- Acute OM:
 - Role of oral antibiotics: amoxycillin
 - 6x AOM in 6-12 months: consider grommet insertion
 - With perforation: microscution & topical drops – Ciloxan (HC) - ? refer for myringoplasty
 - Removal of grommet
- Chronic OM:
 - Perforation, Retraction, Cholesteatoma
 - Refer for specialist management
- Skull base lesions: refer to specialist for Ix
- Formal audiometry helpful



Red Flags: discharge with...

- Chronic pain in elderly diabetic immunocompromised patient
 - = Necrotising Otitis Externa
- Any cranial nerve palsy/palsies
 - = Skull base lesion
- Pinna displacement/erythema and unwell child
 - = Mastoiditis or intracranial complication
- Polyp in deep ear canal
 - = Cholesteatoma

The snoring child

- Loudness of snoring not necessarily correlates with severity of problem
- Frequency better indicator
- Video recording best
- Parental reporting not always accurate
 - OSA during REM (early hours of morning)



History – young child / infant

- Snuffly ?
- Airway issues when feeding / crying ?
- Positional ?
- Cranio-facial abnormality ?
- Frequent URTI's ?
- With rec AOM / OME hearing loss?

- Less likely to be simple adenotonsil hypertrophy....



History – older child

- Snoring
- Noisy Breathing
- Restless sleep
- Mouth breathing
- Frequent URTI
- Ear infections
- Hearing and speech problems
- Morning headaches
- Daytime fatigue
- Excessive daytime sleepiness
- Abnormal/ difficult behaviour
- Impaired school performance
- Attention problems
- Developmental delay
- Impaired growth
- Enuresis



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Snoring linked to child's bad behaviour: study

By Jenny Hope

1:08 PM Monday Aug 13, 2012

Health



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Children who snore loudly at least twice a week are more likely to misbehave, it is claimed.

The risk of hyperactivity and inattention increases in young children who are persistent and loud snorers at an early age, warns a leading US doctor.

Breathing difficulties and poor sleeping patterns that underlie snoring may explain the link, said Dean Beebe, a neuropsychologist from Cincinnati.



A study has found kids who are persistent and loud snorers at a young age may be more at risk of developing

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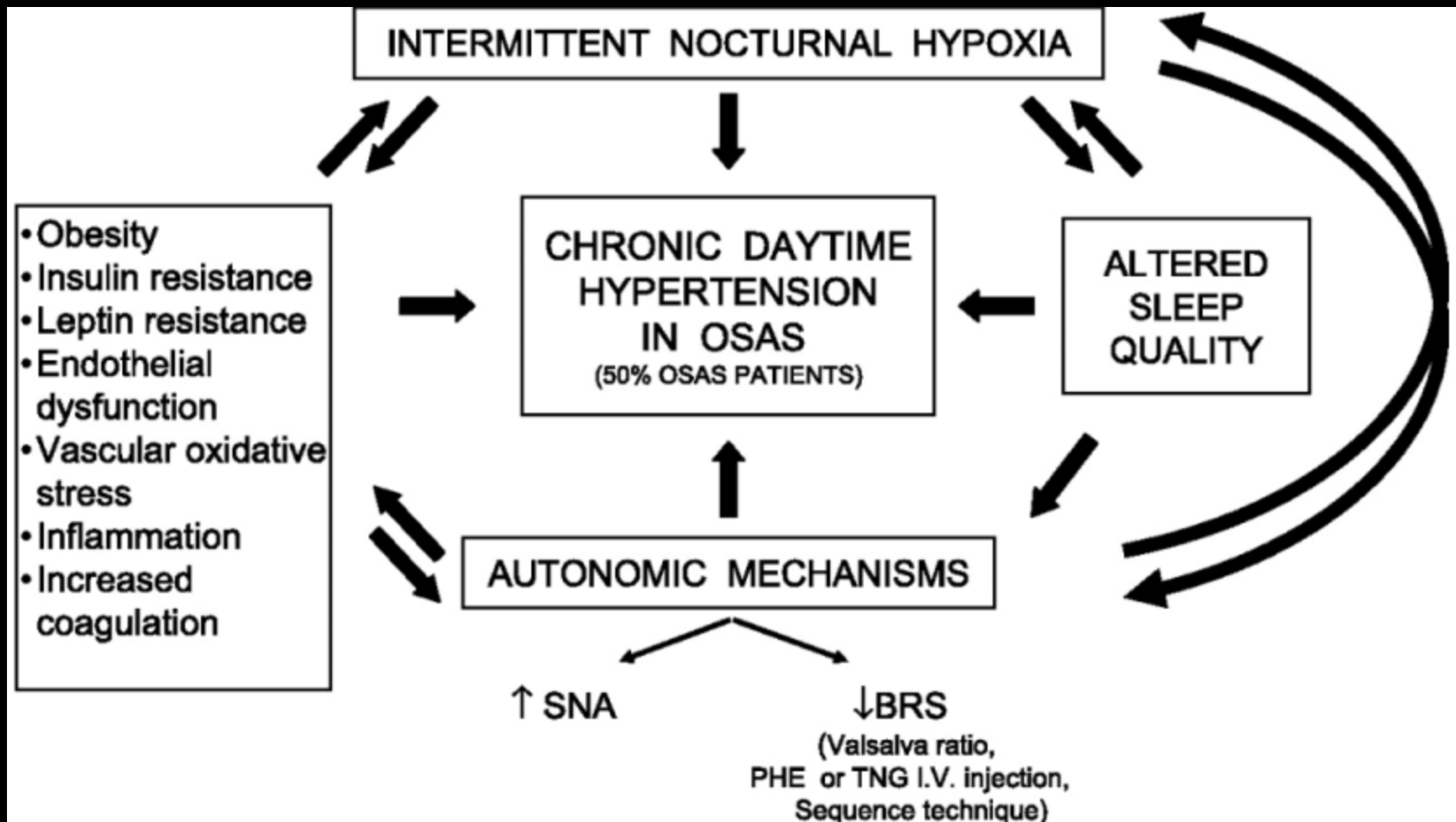
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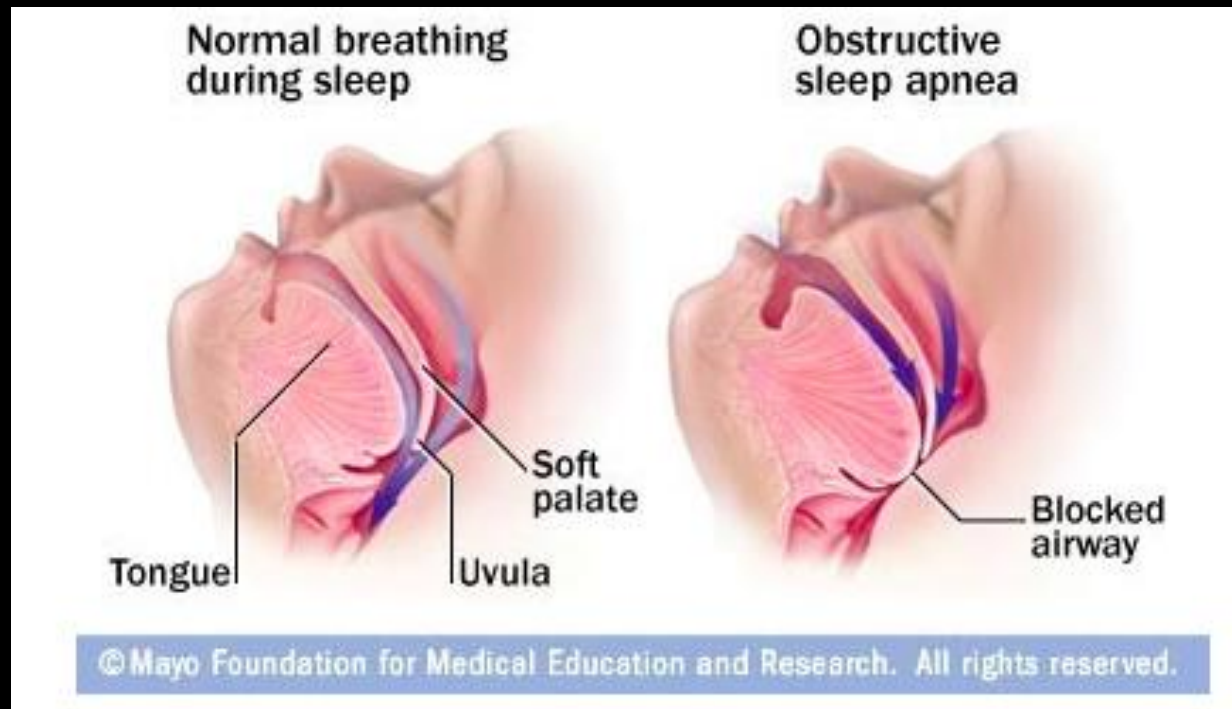
HOW DO YOU
TURN YOUR EXCESS FEED



- Cognitive
- Behavioural
- Social

OSA

- 2-4% population
- Impacted by obesity levels



Examination

- Facial morphology
- Bite
- Tonsils
- Adenoids
- Allergy
- Nasal airway
 - Rhinitis
- BMI



Tonsil hypertrophy – grade 4



Adenoidal hypertrophy



Polysomnography: sleep study



Adenotonsillectomy

- Usually Day procedure
 - 2 weeks off school
- 3-5% chance of post op bleed
- Suction-diathermy adenoidectomy
- Treat any rhinitis: nasal steroid



