## Ear Pain

#### **Otitis Media**

- Sx: pain, sometimes fever
- Assoc with young age, often follows a viral URI
- Exam: not just red, should include bulging, opacity, lack of light reflex
  - Treat bullous OM same as any other acute OM but emphasize analgesia
- Slide 2 for treatment options
  - Observation option: oral analgesics for 24-48 hours, start antibiotics if symptoms persist
- Click here for <u>Images</u>
- Click here for <u>Exam Tips</u>

### **Otitis Externa**

- Sx: pain, sometimes ear discharge
- Assoc with swimming, canal instrumentation, narrow canals, eczema
- Exam: swollen canal with exudate, pain when pulling on tragus to examine ear, no fever
- Slide 3 for treatment options

### **Completely normal exam?**

- Eustachian tube dysfunction associated with nasal congestion
- Referred pain from dental or sore throat source

# **Otitis Media**

#### **Case Definition**

- 1. Moderate to severe bulging of TM OR new onset otorrhea not due to otitis externa
- 2. Mild bulging of TM and recent (< 48 hours) pain or intense erythema
- 3. Must have evidence of middle ear effusion (via pneumatic otoscopy or bulging/AFL/bubbles/otorrhea)

| AAP Treatment Guidelines            |                                   |                   |  |
|-------------------------------------|-----------------------------------|-------------------|--|
| Age                                 | 6-23 months                       | 24months +        |  |
| Otorrhea with AOM                   | Antibiotics*                      | Antibiotics*      |  |
| Unilat or Bilat w/ Severe Symptoms* | Antibiotics*                      | Antibiotics*      |  |
| Bilat w/o otorrhea                  | Antibiotics*                      | Abx or obs option |  |
| Unilat w/o otorrhea                 | Abx or obs option                 | Abx or obs option |  |
| PE tubes w/otorrhea                 | Fluoroquinolone +/- steroid drops |                   |  |

## \*Severe Symptoms:

Fever  $\geq$  39 Otalgia > 48 hrs Mod-severe otalgia

Reference: The Diagnosis and Management of Acute Otitis Media, Clinical Practice Guideline from the AAP, Pediatrics Vol. 131, No. 3, March 1, 2013

- •1<sup>st</sup> line antibiotic: Amoxicillin 80-90 mg/kg/day divided BID (max 1gm BID); Augmentin if Amox in last 30 days or purulent conjunctivitis or h/o Amox-resistant OM in past, max 875/125mg BID
- •2nd line antibiotic: Augmentin 90 mg/kg/day divided BID (use Augmentin ES 600mg/5mL), max 875/125mg BID
- •Alternatives: Cefdinir 14mg/kg/day divided qD-BID, Cefuroxime 30mg/kg/day divided BID, Cefpodoxime 10mg/kg/day divided BID, Ceftriaxone 50mg/kg IM or IV x 1-3 days, Clindamycin 30-40mg/kg/day divided TID w/ or w/o 3<sup>rd</sup> gen cephalosporin (with if giving for treatment failure)

# **Otitis Externa**

#### Case Definition

- 1. Rapid onset (generally within 48 hours) in the past 3 weeks, AND
- 2. Symptoms of ear canal inflammation, which include: otalgia (often severe), itching, or fullness, WITH OR WITHOUT hearing loss or jaw pain, AND
- 3. Signs of ear canal inflammation, which include: tenderness of the tragus, pinna, or both OR diffuse ear canal edema, erythema, or both WITH OR WITHOUT otorrhea, regional lymphadenitis, TM erythema, cellulitis of pinna/adjacent skin

| Condition   | Antibiotics   | Approx local cost                                |
|---|---|--|
| Mild: minimal canal edema, intact TM  | Ofloxacin 5 (6mo-12yo) to 10 (13yo+) gtt qDay x 7 days OR Cortisporin >2yo: 3-4 gtt TID-QID x 10 days   | \$18 / 5mL<br>\$22 / 10mL                        |
| Mild, possible perforated* TM or h/o PE tubes   | Ofloxacin 5 (6mo-12yo) to 10 (13yo+) gtt qDay x 7 days  | \$18 / 5mL                                       |
| Moderate: partially occluded canal, moderate canal edema, intact TM                               | Cortisporin >2yo: 3-4 gtt TID-<br>QID x 10 days   | \$22 / 10mL                                      |
| Moderate: partially occluded canal, moderate canal edema, possible perforated* TM or h/o PE tubes | Ciprodex or Cipro HC: $\geq$ 6mo 4<br>gtt BID x 7 days<br>[Cipro ophth formulation is OK for ears if<br>insurance not covered; reverse is not true] | \$213 / 7.5 mL ciprodex<br>\$300 / 10 mL ciproHC |
| Severe: complete occlusion  | As for moderate + place wick  | As for moderate                                  |
| Consider malignant if: DM, immunodeficient, periauricular infection, pain out of proportion       | Systemic abx against Staph aureus, Pseudomonas  | n/a  |

<sup>\*</sup> If possibly perforated TM and insurance won't cover fluoroquinolone, consider cortisporin but must be SUSPENSION
References: Clinical Practice Guideline: Acute Otitis Externa. Otolaryngol Head Neck Surg 2014;150(1 Suppl):S1-S24, Nationwide Children's: Topical Otic Therapy Recommendations for Bacterial Acute Otitis Externa (AOE), GoodRx app for local prices