

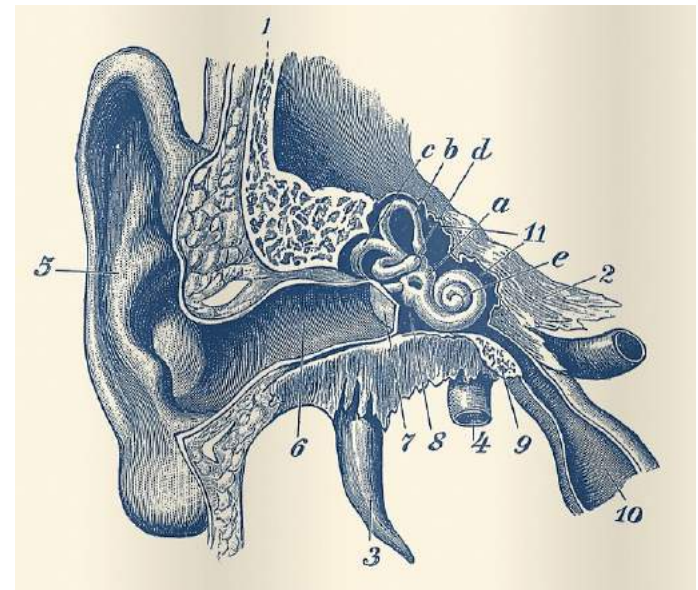
OTOLOGY UPDATE

Matthew Clark
GP training Nov'19

If you have a smartphone,
please download apps:

iVibrate Calm

myNoise



Topics:

- Sudden hearing loss
- Tinnitus
- Otorrhoea
- Vertigo/dizziness
- Otalgia

Sudden hearing loss:



Sudden hearing loss – NICE:

- Sudden onset of hearing loss in one or both ears (over 3 days), not explained by external or middle ear causes is an emergency

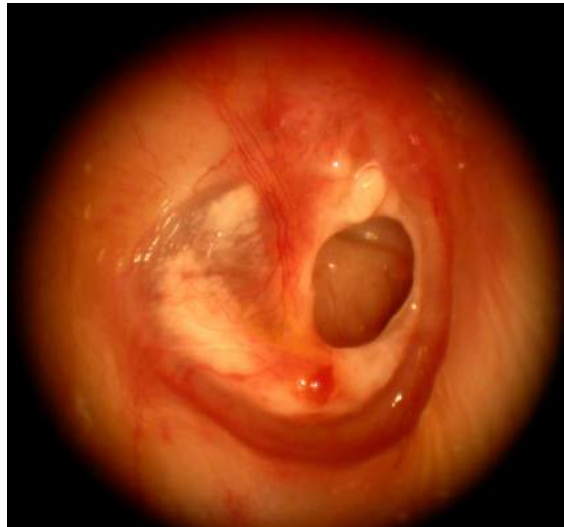
NICE: Hearing loss in adults Quality standard [QS185]

Published date: July 2019

- If hearing loss developed suddenly (over 3 days) within the past 30 days, refer immediately (to be seen within 24 hours) to an ENT service or an emergency department
- If the hearing loss developed suddenly more than 30 days ago, refer urgently (to be seen within 2 weeks) to an ENT or audiology service

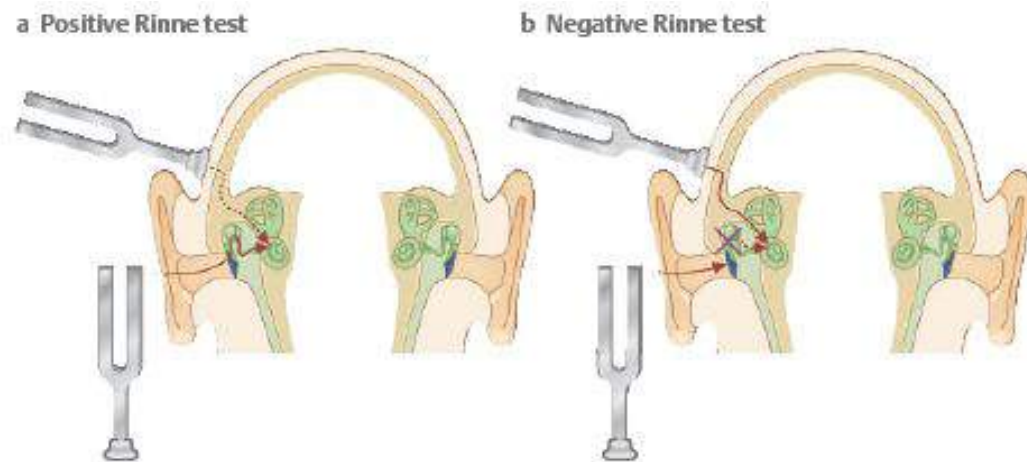
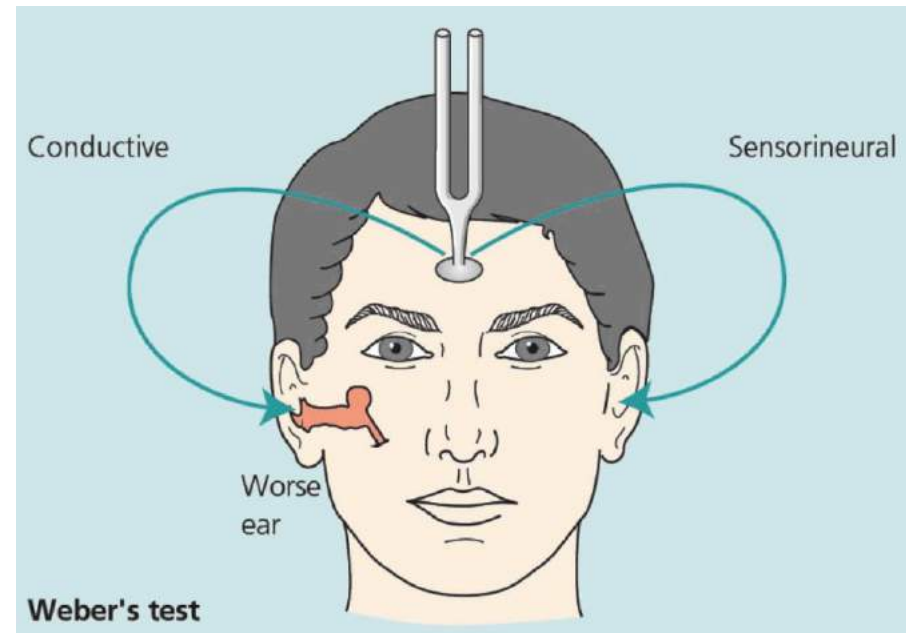
Sudden HL:

- What type of HL?
- Conductive:
 - Wax
 - TM perf
 - Middle ear effusion
 - Trauma
 - (otosclerosis)
- Sensorineural
 - URTI?
 - Vertigo?



Tuning fork tests:

- Weber's
 - Place firmly midline
 - Localises to deaf ear if CHL
 - Localises to non-deaf ear if SNHL
- Rinne's
 - $AC > BC$: SNHL (+ve)
 - $BC > AC$: CHL (-ve)
- Smartphone!
 - Vibrating app



Treatment if SSNHL:

- Steroids
- Earlier the better
- Best within 48hrs, no point after 2/52
- One week non-reducing dose (eg 40mg Pred)
- Is there a reason NOT to prescribe?



Tinnitus:

Key questions:

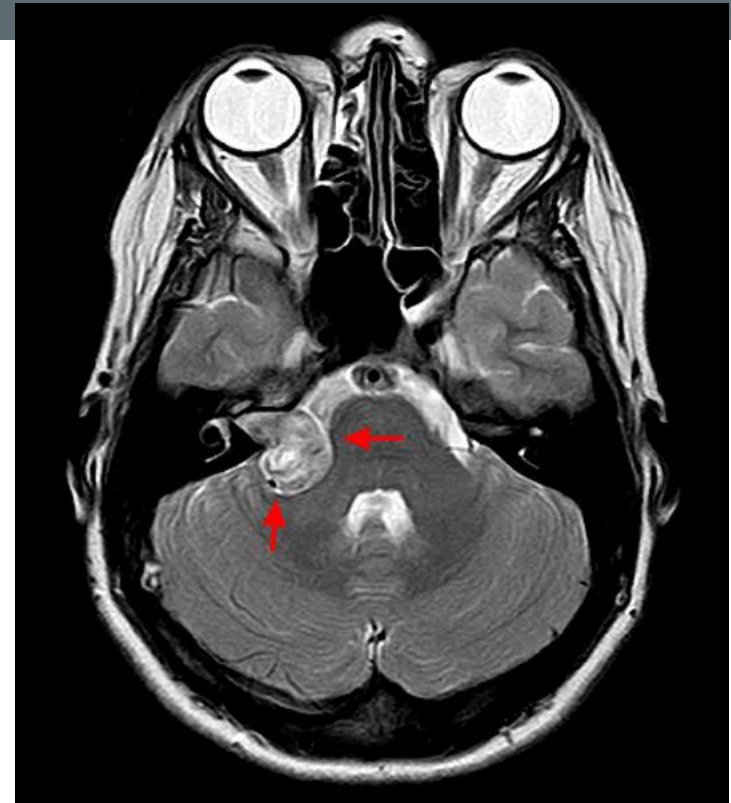
- Uni-or bilateral?
- Pulsatile or not?
- Associated symptoms?
- Relevant history?
 - Past ear surgery
 - Noise exposure
 - etc



Unilateral tinnitus:

Why concerned?

- Non-pulsatile:
 - vestibular schwannoma
- Pulsatile:
 - Glomus tumour
 - Vascular
- Imaging



Unilateral tinnitus:

- Is it urgent?
- Who needs imaging?
- What happens if we diagnose central lesion?
- [https://
www.nbt.nhs.uk/bnog/
referral-hnog](https://www.nbt.nhs.uk/bnog/referral-hnog)



Management:

- Explain, allay fears, +ve
- Quiet and stress
- Sound desensitization
- Hearing aid
- TRT
- myNoise app
- The Tinnitus Clinic

Otorrhoea:

Key points:

- External or middle ear origin?
- One-off or chronic?
- Failing to respond to treatment?
- Associated symptoms?



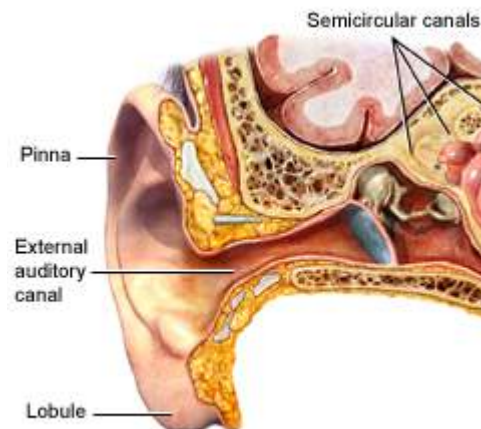
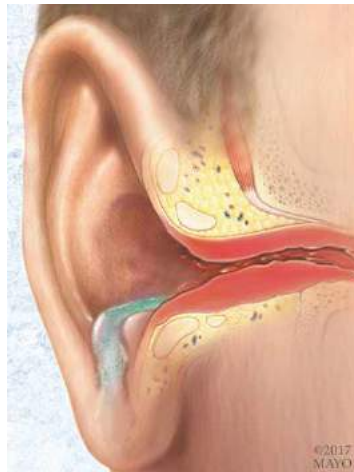
Otorrhoea:

Otitis externa

- Watery discharge
- Water exposure
- Pain
- Inflammation & debris
so poor view

Concerns:

- Diabetes
- Immunocompromised
- Elderly
- Granulation tissue
- MOE???



Otorrhoea:

Acute otitis media

- When is it recurrent?
- Treatment options:
 - Recurrent antibiotics
 - Long-term low dose antibiotics
 - Grommets



Concerns:

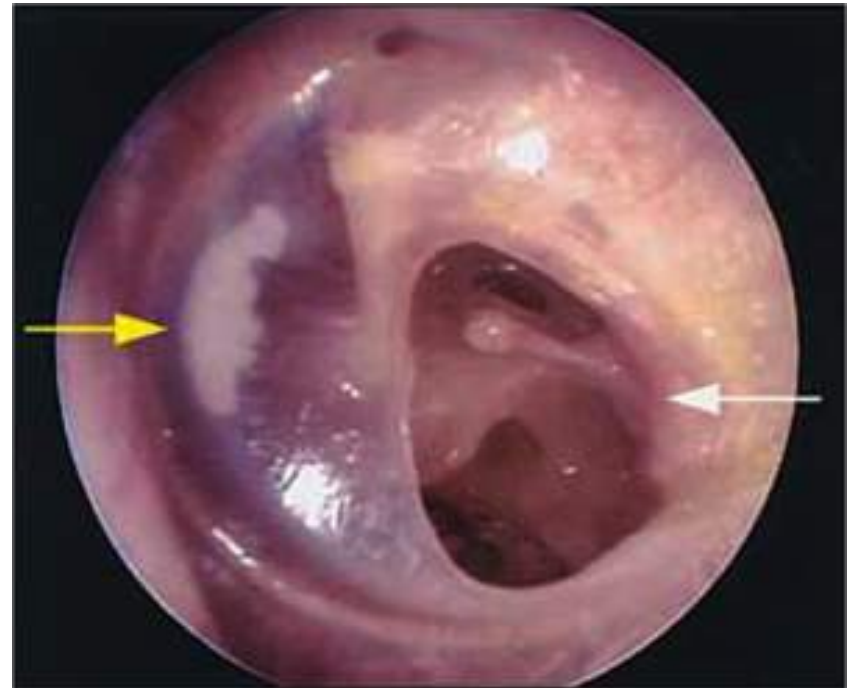
- Another diagnosis?
 - Cholesteatoma
- Spread of disease
 - AOM ++ complications
 - Mastoiditis (rem: LN)
 - Meningitis



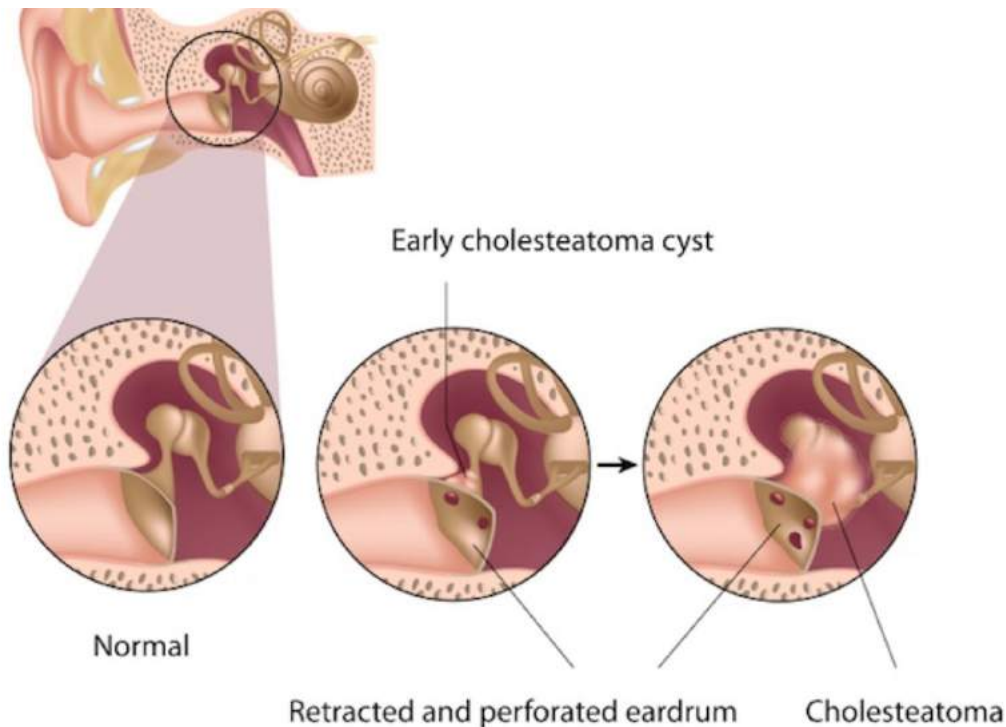
Otorrhoea:

TM perforation

- Acute: 6/52
- Chronic mucosal disease
- Recurrent discharge
 - Water exposure
 - HA use
- +/- hearing loss
- Repair: to waterproof ear
- Operation now simpler!
- From age 8yrs

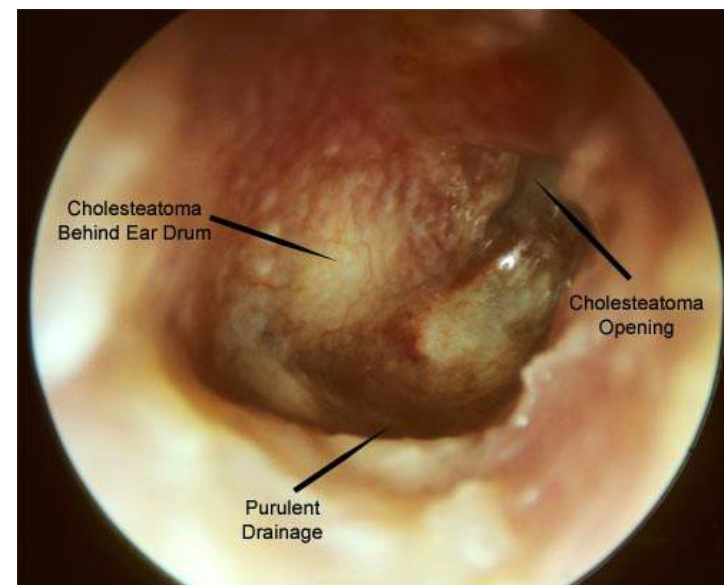


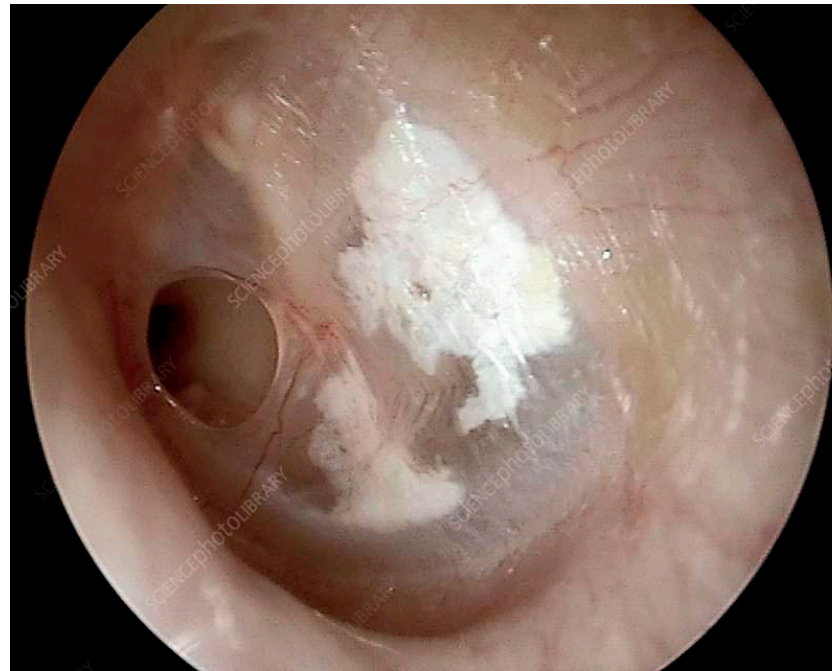
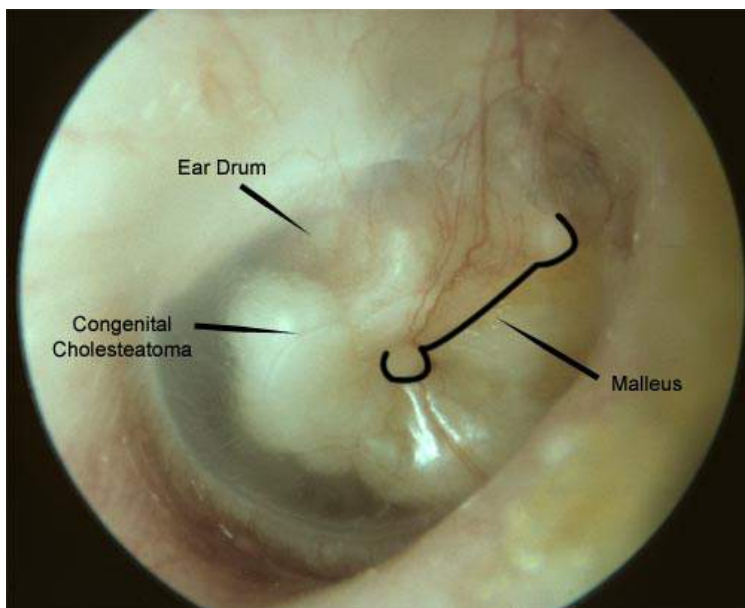
Otorrhoea:



Cholesteatoma

- Bad skin in the ME!
- Recurrent offensive discharge – despite treatment
- Hearing loss
- Imbalance
- Rx: surgery





Ear drops:

- Discharging ear – give drops!
- Smelly, green – probably pseudomonas, Cipro
- If OE, swollen, painful, need steroids
- If perforation and discharge, still ok for limited time
- Concern? aminoglycosides



Vertigo:

Key points:

- Is it vertigo?
- How long does it last?
- What comes with it?
- Other medical history?



Vertigo:

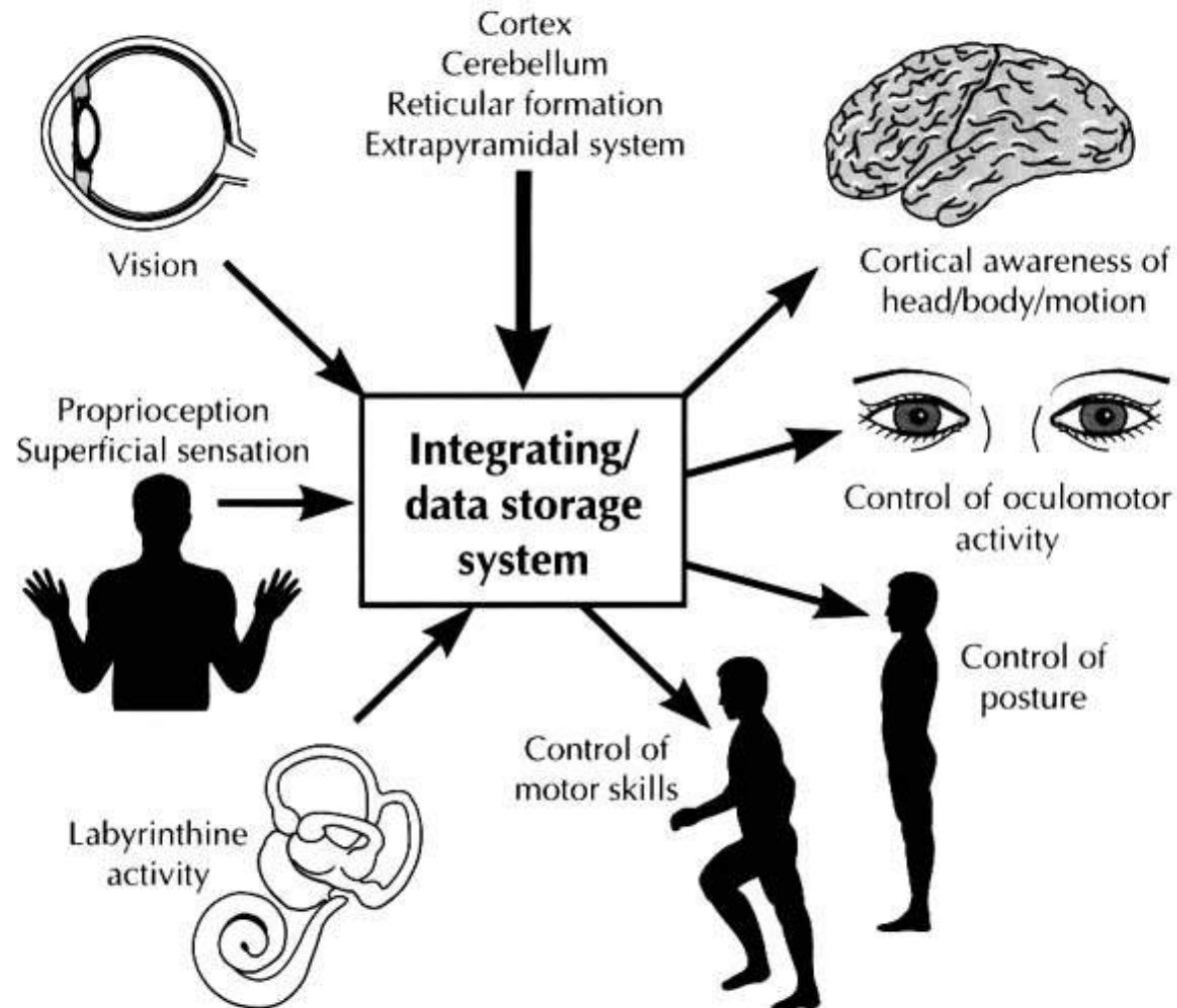
- Vertigo and dizziness
 - Pre-syncope
 - Light-headedness
 - Unsteadiness
 - Drop attacks
 - Dysequilibrium
- Causes:
 - BPPV
 - Meniere's
 - Labyrinthitis
 - Migraine
- **Duration of vertigo**

Associated symptoms

- Hearing loss
 - Fluctuating?
- Aural fullness
- Tinnitus
- Headache
- URTI

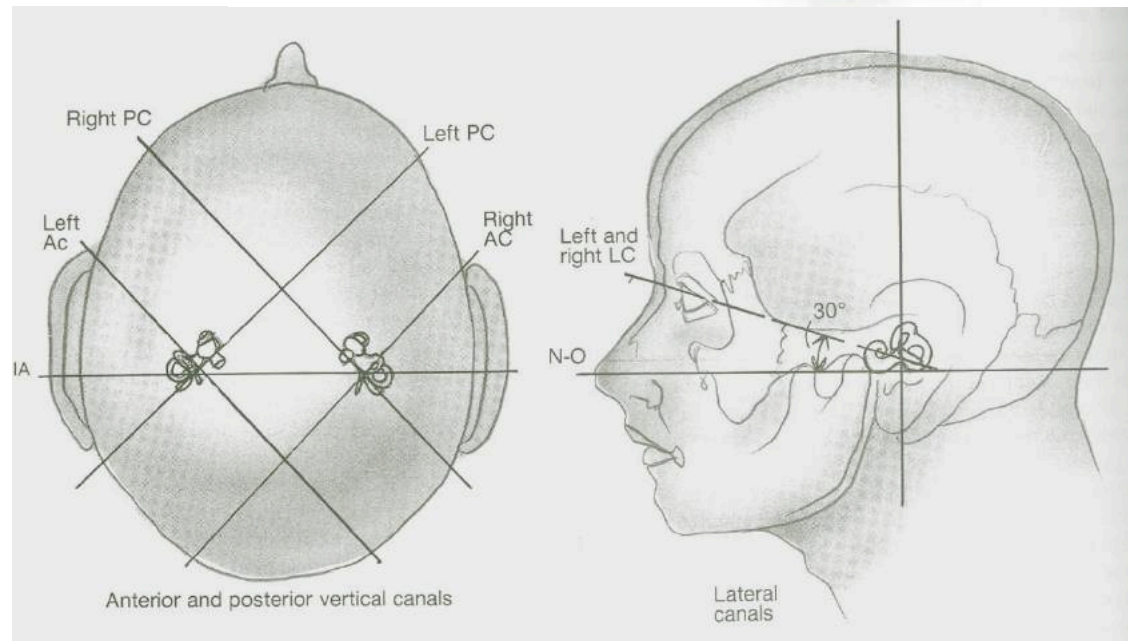
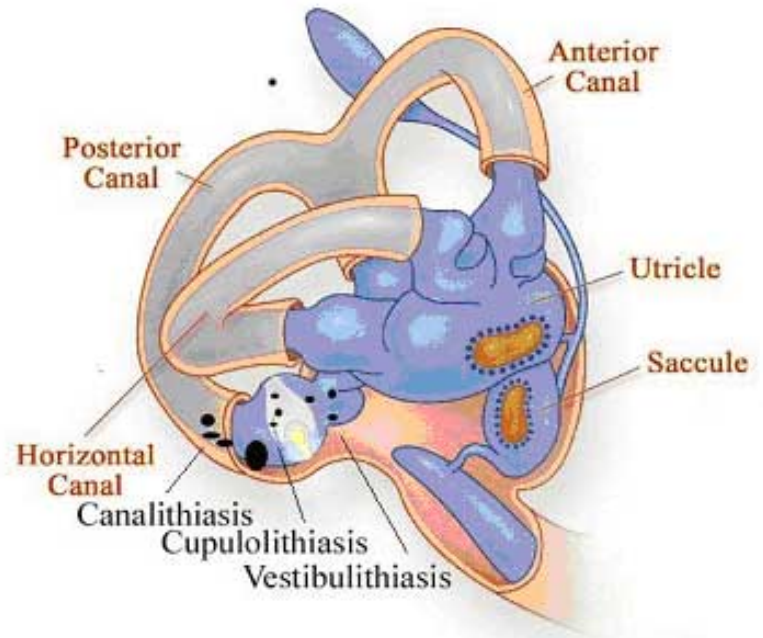


Balance overview



BPPV

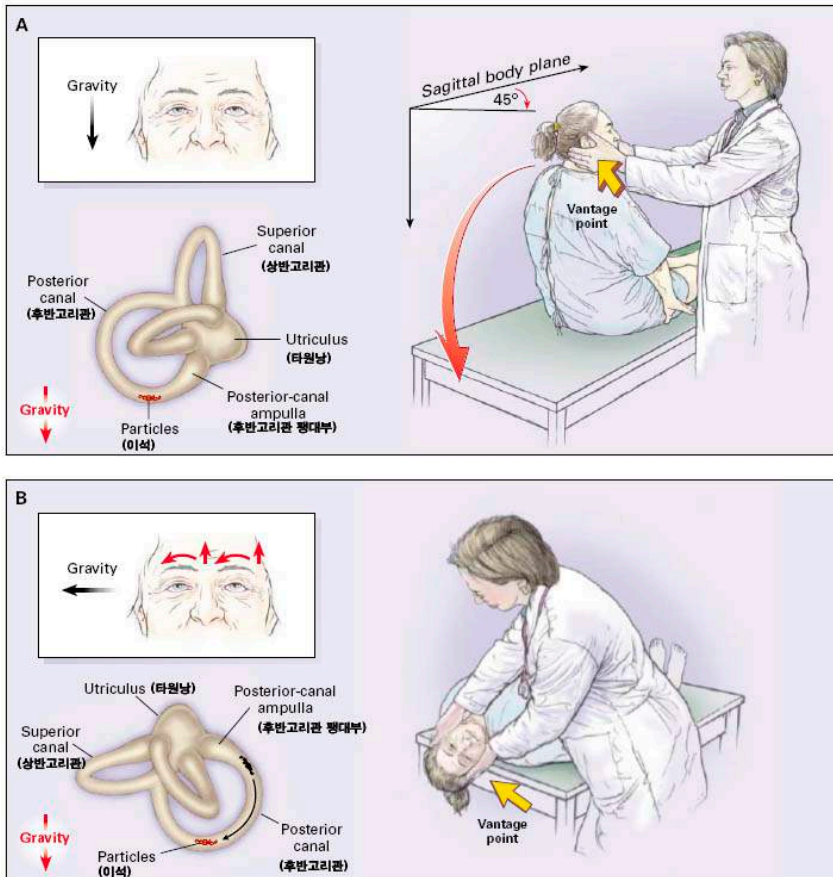
- Seconds – minutes
- Head movements
- Rolling over in bed
- Recent HI
- Clusters
- Treatment: Epley
- NOT medication



Epley manoeuvre:

Nystagmus:

- Rotatory
- Geotropic
- Latent
- Fatigable



- <https://www.entuk.org/bsot-british-society-otology>

Labyrinthitis:

- 24hrs+
- 2/52 recovering
- Decompensation up to 2 yrs
- +/- hearing loss
 - Vestibular neuritis

Treatment:

- Acute: CVA? Medical referral
- Acute: vestibular sedatives
- Long-term:
 - Stop meds
 - Vestibular rehabilitation

Meniere's disease

- Vertigo: 20mins-24hrs
- Fluctuating HL (low tone SNHL)
- Tinnitus
- Aural fullness
- Not common
- Episodic
- Refer
- Management hierarchy

Elderly with dizziness:

- Multifactorial
 - Ears
 - Eyes
 - Joints
 - Medication
 - Anxiety



“He’s complaining of chest pain, shortness of breath, cramps and dizziness. Do you sell earplugs?”

Migraine:

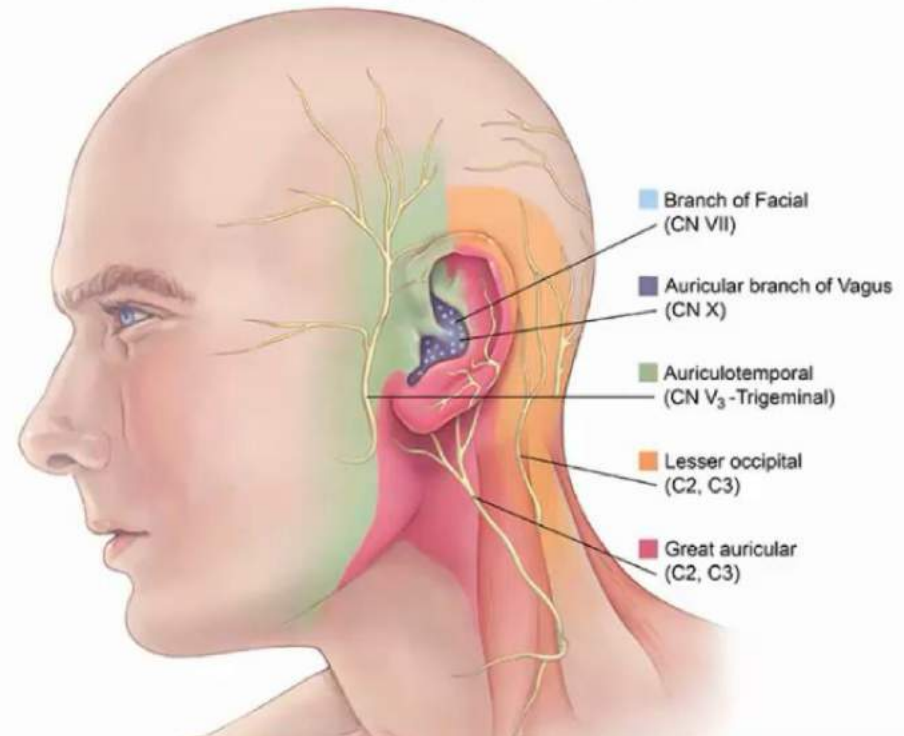
- Can have vertigo of any duration
- Can have hearing loss
- Can have tinnitus
- Doesn't have to come with headache!!!
- Common
- So always consider...



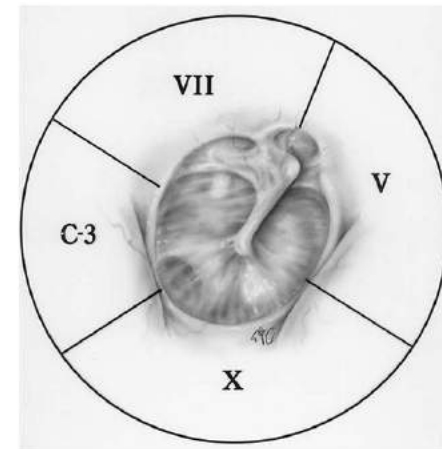
Otalgia:

- Is it from the ear?
- Nerve supply of the ear
- Referred pain
 - Tonsils
 - Teeth
 - TMJ
 - Throat
 - C-spine

Cutaneous innervation of the ear



Great auricular nerve



Auriculo temporal nerve

Arnold nerve

Otalgia:

- 2/3 cervical nerves
 - OA, RA, soft tissue injury, joint prolapse/subluxation
- Trigeminal
 - Sinus, nasopharynx, dental, jaw, salivary gland
- Glossopharyngeal
 - Oropharynx, hypopharynx, tongue



Questions: