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Preface to Fifth Edition

The first edition of this small volume, The ABC of Ear, Nose and Throat, was derived 25 years ago from a series of articles published at that time in the British Medical Journal to present the substance of this important speciality in an easily assimilable form for a wide readership of general practitioners, medical students, nurses and all those many sprouting paramedical specialties involved with speech, hearing, and head and neck disorders. This target readership has not changed, but the specialty, like most others, has expanded and developed subspecialties in all its divisions.

Otolaryngology has changed from the exciting renaissance of microscopic middle ear work that began in the 1960s at the start of my personal otological career, to the amazing developments that include cochlear implantation for inner ear deafness, and neuro-otology has extended from the management of peripheral labyrinthine disorders to embrace surgery within the base of the skull.

Rhinological change has brought us the endoscopic techniques that have revolutionized treatment for paranasal sinus diseases, while the management of throat malignancy has evolved out of all recognition into today’s comprehensive management of head and neck tumours.

It is entirely appropriate therefore that, for this expanded fifth edition, Patrick Bradley FRCSIr, FRCSEd, FRCSEng, MBA, as an internationally recognized authority on head and neck diseases and their treatment, should have become the joint editor, and that several specialists, recognized as experts in various subspecialties, have been enlisted to write about them.

The title has appositely reverted to its briefer, earlier one of ENT, which is so quintessentially British and which trips much more readily off the tongue than does otorhinology.

Harold Ludman
CHAPTER 1

Pain in the Ear

Harold Ludman

OVERVIEW

- Pain in the ear (otalgia) arises from:
  - acute inflammatory disease of the external ear or middle ear cleft;
  - diseases not primarily in the ear;
  - referral from other sites;
  - neurological disease;
  - psychogenic.

Acute otitis externa may be either diffuse – involving all the skin of the external meatus – or localized as a furuncle (Fig. 1.4).

Pain is one of six symptoms that may indicate ear disease (Box 1.1). Inflammatory causes of pain are recognized by inspection of the external ear and tympanic membrane. An otoscope is usually used in general practice, but otologists always use a headlight or head mirror to provide vision coincident with the direction of illumination, allowing manipulation with freed hands and instruments for the removal of wax or debris, and for the assessment of drum mobility with a pneumatic speculum (Fig. 1.1).

A binocular microscope is invariably used for fine manipulation with micro instruments and suction apparatus for accurate assessment under magnification of six times or more (Fig. 1.2).

If the external ear canal and the tympanic membrane are definitely normal, then pain cannot arise from ear disease. The reliability of this judgement depends on the skill and experience of the examiner. A tympanic membrane may show subtle changes, which are not easily recognized, while some abnormalities are irrelevant. If in any doubt, an otological opinion should be sought (Fig. 1.3).

Box 1.1 Symptoms of ear disease
- pain
- discharge
- hearing loss
- tinnitus
- vertigo
- facial palsy

Acute otitis externa

Acute otitis externa may be either diffuse – involving all the skin of the external meatus – or localized as a furuncle (Fig. 1.4).
A furuncle is a very tender swelling (a boil). It is always in the outer ear canal, as there are no hair follicles in the inner bony meatus. Hearing is impaired only if the meatus becomes blocked by swelling or discharge, and fever occurs only if infection spreads in front of the ear, as cellulitis or erysipelas. Superficially tender enlarged nodes may be palpable in front of or behind the ear. The pinna is tender to movement in acute otitis externa, but this is not the case in acute otitis media. Discharge, if any, is usually thick and scanty, unlike the copious mucoid discharge through tympanic membrane perforation from acute middle ear infections. Fungal skin infections cause severe pain with wet keratin desquamation and black or coloured granules of the fruiting heads of conidiophores.

**Treatment of acute otitis externa**

Systemic antibiotics are advised in acute otitis externa only if there is fever or lymphadenitis. Sometimes, meatal swelling must be reduced by inserting a ribbon gauze wick painted with a deliquescent substance such as magnesium sulphate paste, or glycerine and 10% ichthammol (Fig. 1.5). Proprietary 'Pope' wicks (Xomed) are thin and stiff to enable careful insertion, and they then soften and swell gently when moistened with liquid medication. A wick should be replaced daily until skin swelling subsides. Ear drops may then be used – either aluminium acetate to 'toughen' the skin or topical antibiotics, such as gentamicin, framycetin or neomycin, combined with steroids. Topical clotrimazole is a useful antifungal agent. Systemic analgesics, together with warmth, applied through a hot pad or heat lamp, relieve pain. Recurrent furunculosis should raise a suspicion of diabetes.