

# **Otitis media**

Otitis media (OM) is a very common paediatric condition and can present in a number of ways. Acute OM usually has a viral cause and is generally self-limiting – despite this, antibiotics are frequently prescribed. While the diagnosis of OM is usually straightforward, management can be difficult as many patients or parents have an expectation of treatment with antibiotics.

TEACHING AND LEARNING AREAS	<ul> <li>Anatomy of the middle ear</li> <li>Clinical features of various presentations of OM – acute OM (AOM), OM with effusion (OME), acute OM with perforation (AOMwiP), chronic suppurative OM (CSOM), recurrent OM</li> <li>Red flag symptoms and signs of serious disease e.g. mastoiditis</li> <li>How to perform otoscopy and pneumatic otoscopy</li> <li>Indications for antibiotic therapy</li> <li>Approach to treatment for all types of OM, including in Aboriginal and Torres Strait Islander children</li> <li>Shared decision making with parents around antibiotic prescription</li> <li>Indications for referral and appropriate pathways</li> <li>How to perform aural toilet with tissue spears</li> </ul>
PRE- SESSION ACTIVITIES	Read the Australian Prescriber article <u>Managing otitis media: an evidence-based approach</u>
TEACHING TIPS AND TRAPS	<ul> <li>AOM is characterised by middle ear inflammation and middle ear effusion</li> <li>Spontaneous resolution of AOM occurs in more than 80% of children within 2 to 3 days but symptoms may persist for up to 8 days</li> <li>Analgesia is the mainstay of acute otitis media treatment - for most children with acute otitis media, antibiotic therapy can be safely withheld (except for some specific groups)</li> <li>AOM in Aboriginal and Torres Strait Islander children should be treated more aggressively</li> <li>Follow up is an essential aspect of management</li> <li>Decongestants, antihistamines and oral corticosteroids are not beneficial for acute otitis media</li> <li>Have a low threshold for referral for audiology</li> </ul>
	<ul> <li>Therapeutics Guidelines chapter on Otitis Media</li> <li><u>RCH Clinical Practice Guidelines on OM</u></li> <li><u>Recommendations for clinical care guidelines on the management of otitis media in Aboriginal and Torres Strait Islander Populations</u></li> <li><u>A mini atlas of ear drum pathology</u></li> </ul>
FOLLOW UP/ EXTENSION ACTIVITIES	Registrar to undertake clinical reasoning challenge and discuss with supervisor



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# **Clinical Reasoning Challenge**

Three year old Tommy comes to see you with his mother Kate. Tommy has been miserable and hot for a couple of days and has been holding his left ear for the past 12 hours. Kate and Tommy identify as Aboriginal.



Otoscopy findings

QUESTION 1.	What are the KEY FEATURES on examination of Tommy's eardrum? Write TWO features.
	1
	2
QUESTION 2.	What are the MOST APPROPRIATE initial management steps at this stage? List TWO initial management steps.
	1
	2
QUESTION 3.	Kate brings Tommy back to see you 5 weeks later. She says that the family has been interstate visiting family. She tells you that a few days after she last saw you Tommy's ear started 'running' and has continued until now. He is otherwise well. What is the single MOST LIKELY diagnosis? Write one diagnosis
QUESTION 4.	What are the MOST IMPORTANT aspects in Tommy's management? List up to FOUR aspects of management.
	1
	2
	3
	4





## ANSWERS

**QUESTION 1** 

What are the KEY FEATURES on examination of Tommy's eardrum?

- Inflammation redness
- Middle ear effusion with bulging drum

### **QUESTION 2**

What are the MOST APPROPRIATE initial management steps at this stage?

- Analgesia paracetamol or NSAID
- High dose amoxicillin

### QUESTION 3

Kate brings Tommy back to see you 5 weeks later. She says that the family has been interstate visiting family. She tells you that a few days after she last saw you Tommy's ear started 'running' and has continued until now. He is otherwise well.

What is the single MOST LIKELY diagnosis?

Chronic suppurative otitis media (CSOM)

### QUESTION 4

What are the MOST IMPORTANT aspects in Tommy's management?

- Aural hygiene/ear toilet tissues prior to instilling drops
- Topical antibiotic drops
- Regular review
- Audiology