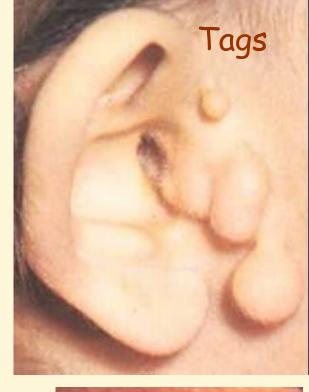


#### Aural atresia

Aural atresia Accessory auricle

Preauricular sinus

Congenital aural anomalies due to defects of the 1st pharyngeal arch



Absent external auditory canal



#### Hematoma → Perichondritis → Cauliflower auris ear

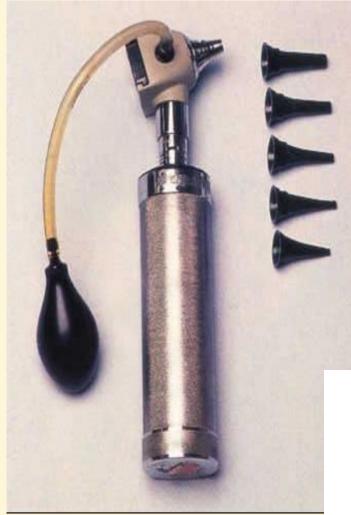


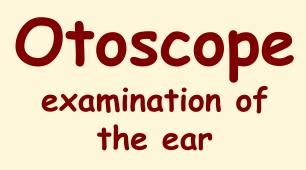


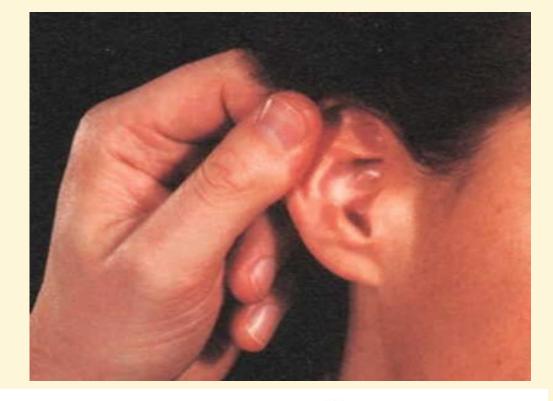
#### Pain + Facial paralysis + vesicles

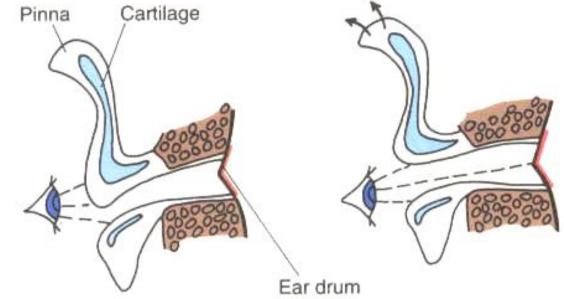
### Herpes Zoster Oticus (Ramsay-Hunt Syndrome)





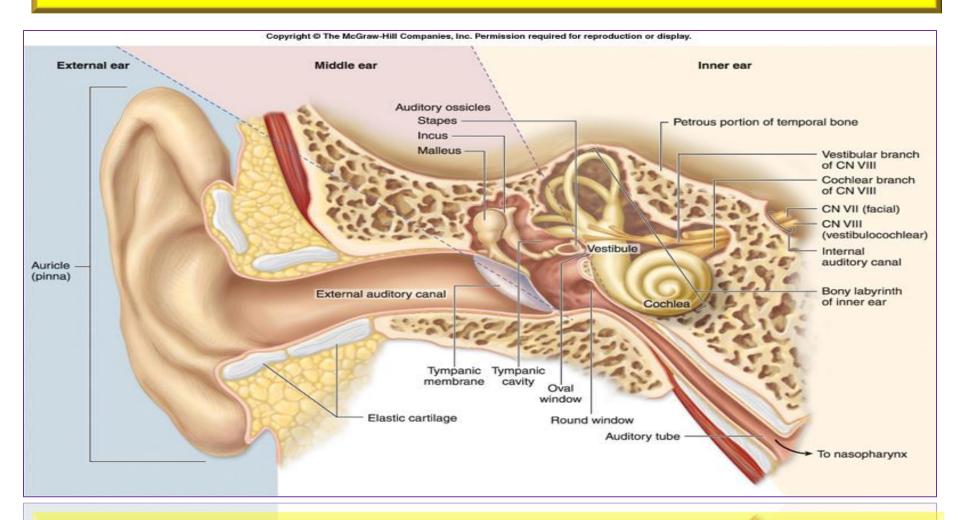




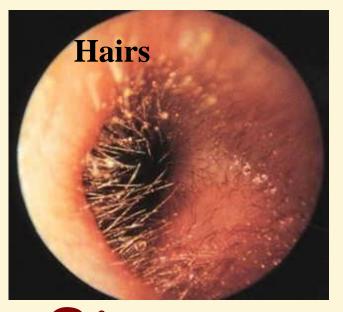


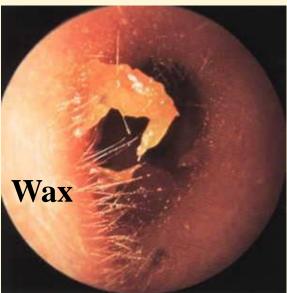


# Anatomy of the Ear



 An ear exam can note any abnormalities in the external ear, tympanic membrane, and the middle ear







# **Otoscopy** (normal findings)



Blood vessels

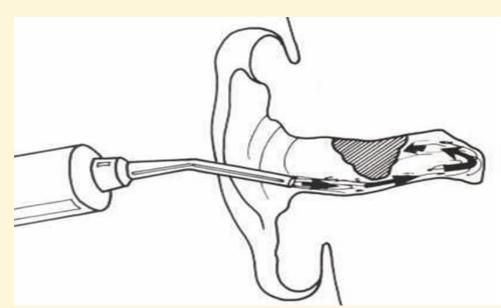
Collapsed external canal in old age







## Removal of ear wax



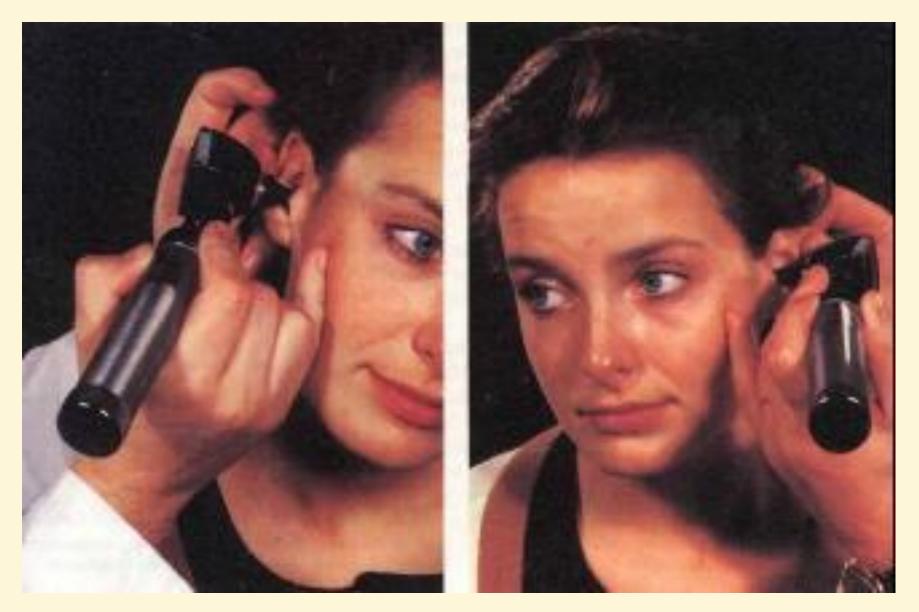
## Step 1. Have the patient sit down



Getty Images

Have the patient sit down (May be best for the patient to sit on the desk so the ear is in a convenient position for the doctor)

- Have the patient slightly tilt his head away from the doctor
- Start with the "good" ear one without problems or infections (if any)



# Proper technique



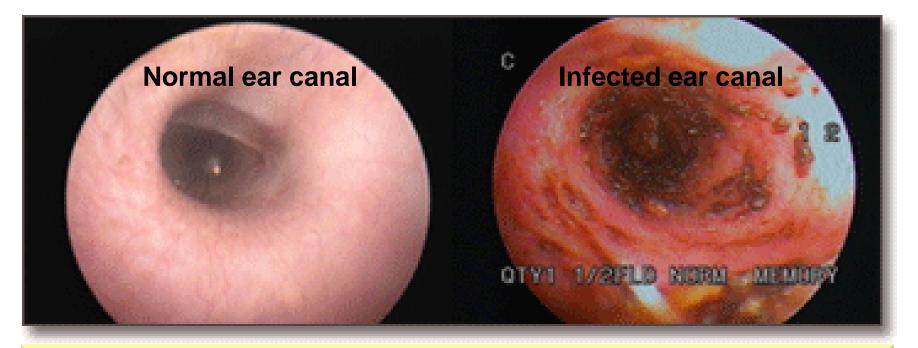
# Never examine patient while standing

### Step 2. Holding the otoscope



- Hold the otoscope in one hand and turn on the light
   Gently insert the speculum into the ear
- With the other free hand, gently pull up, out, and/or forward on patient's ear to straighten out the ear canal for easy viewing

### **Step 3: Examine the External Canal**



- Examine the external ear canal and note any abnormalities – such as inflammation, discoloration, and/or any signs of infection
- Examine the external ear canal without the otoscope as well

### Step 4. Examine the Tympanic Membrane

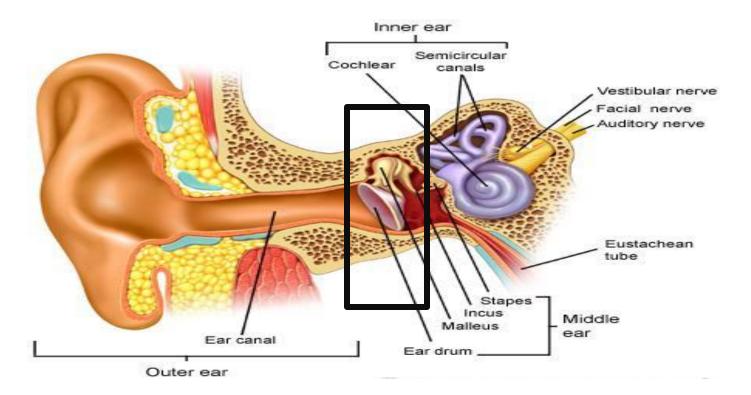


Normal tympanic membrane



Ruptured tympanic membrane

### Step 5. Examine parts of Middle Ear



- Look for the Malleus or the handle of the Malleus\*, and note any abnormalities
- \* May be obscured by debris or ear wax

# Disorders of the Ear



### Acute Otitis Otitis Media C Media with Effusion

 Infection of the Middle Ear
 Presents with bulging tympanic membrane
 Increased vascularity

 Fluid buildup in the middle ear

#### Chronic Otitis Media

Chronic, recurrent
infection of the middle ear
Eardrum is perforated
and ear recurrently drains

# **Disorders of the Ear**



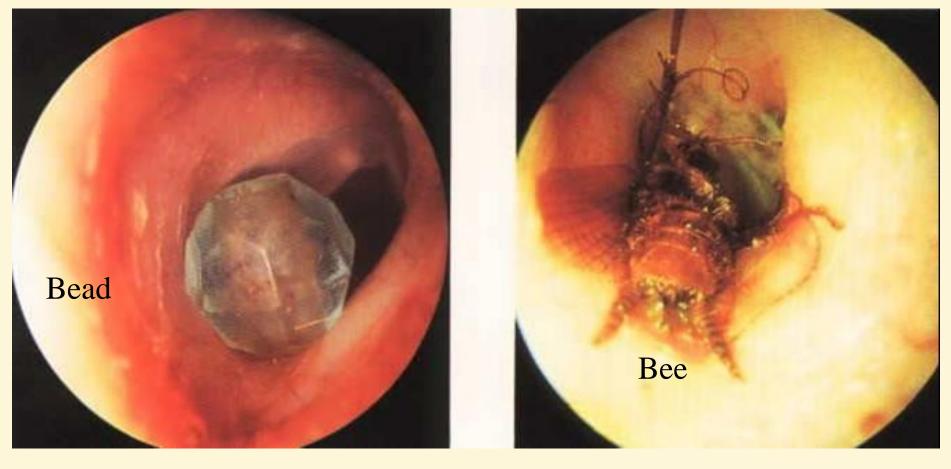


#### Cholesteatoma

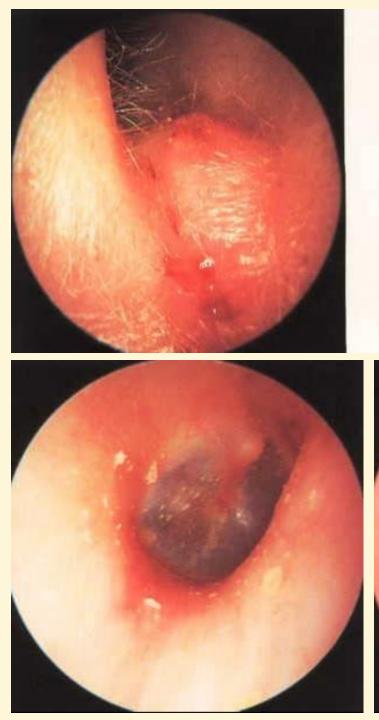
• Skin cyst behind the ear drum

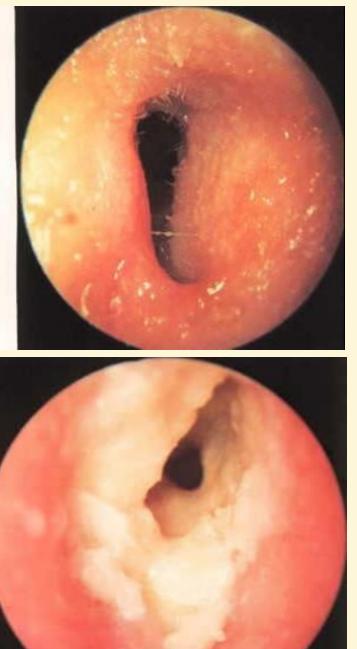
#### Perforation of Eardrum

• Hole in the Ear drum



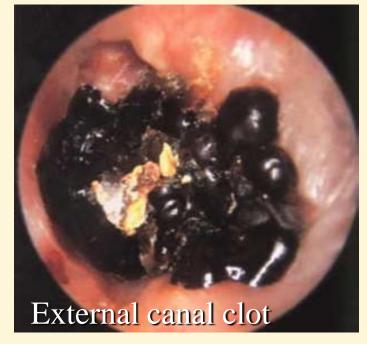
# Foreign Bodies



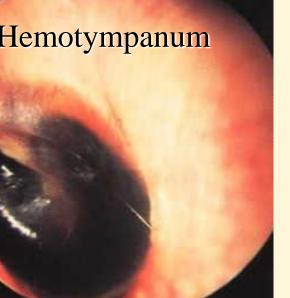


Acute External Otitis (hyperemia & edema)

Chronic External Otitis (skin maceration & keratosis)



#### Hemotympanum





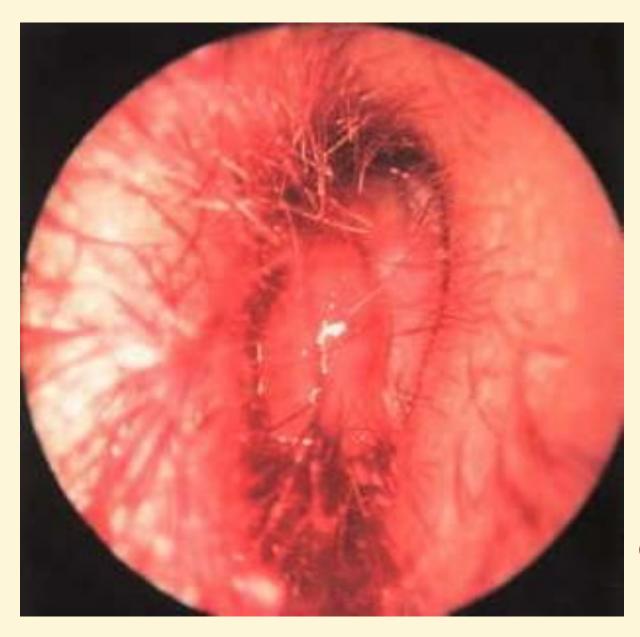


# Otomycosis

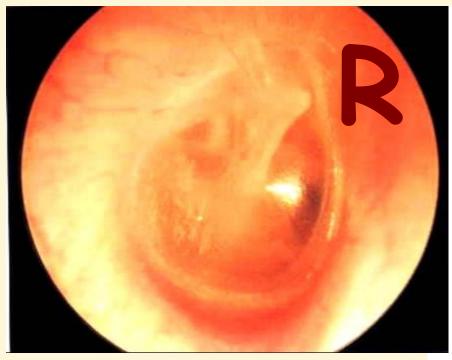
fungal ball wet-newspaper like appearance

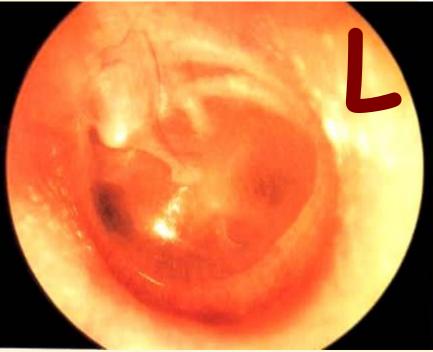


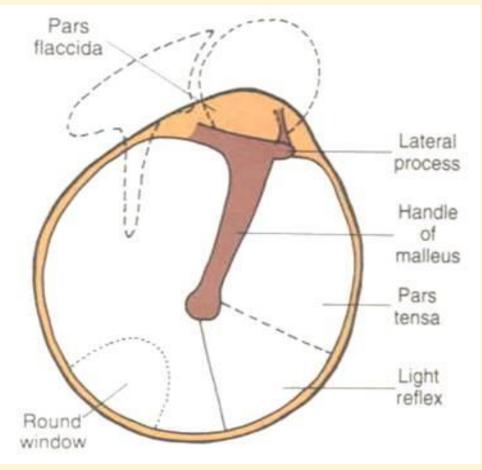




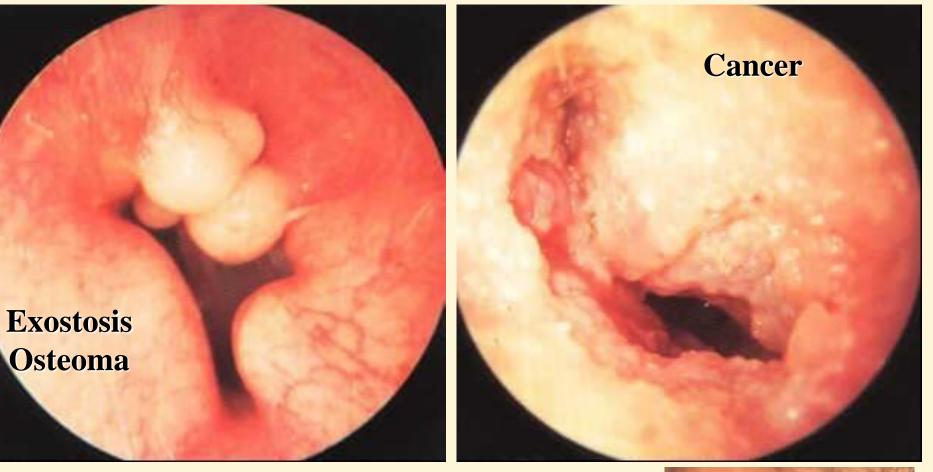
Diabetic Ear necrosis & granulations on the floor of the external auditory canal







# Tympanic membrane

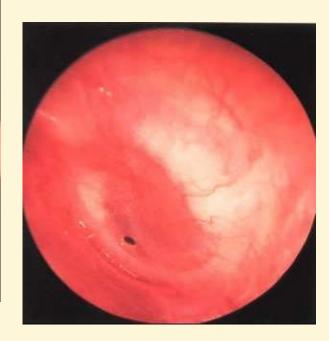


Neoplasms of the external auditory canal & auricle





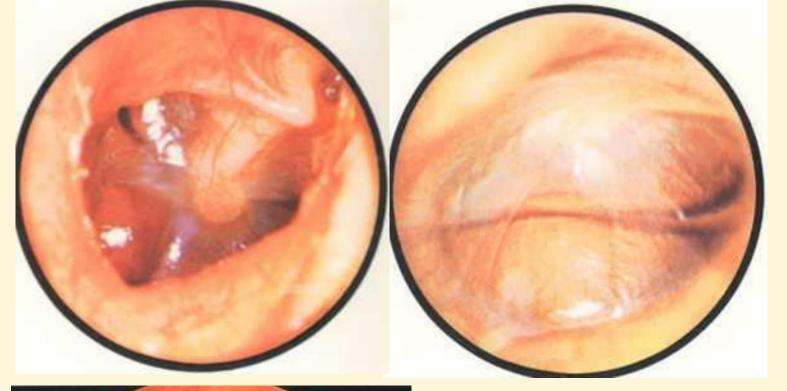






# Acute Otitis Media

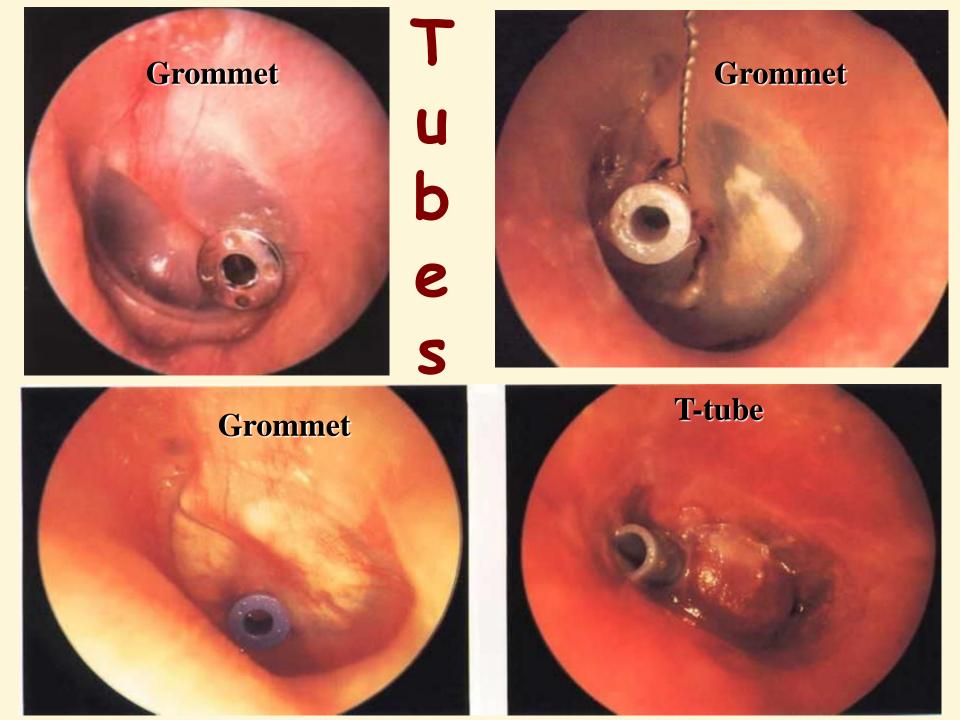
(hyperemia, bulging, perforation & finally drainage)

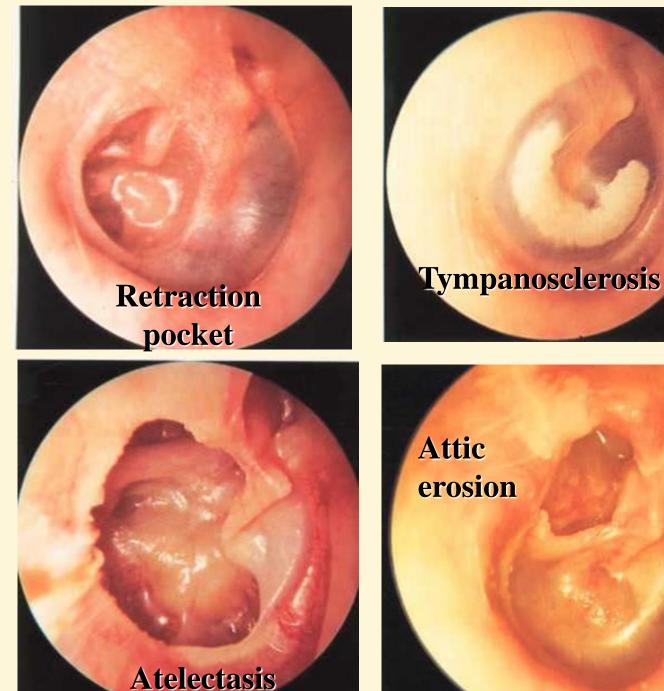




Otitis media with effusion (OME) retracted tympanic membrane, fluid level, some air bubbles, no perforation)



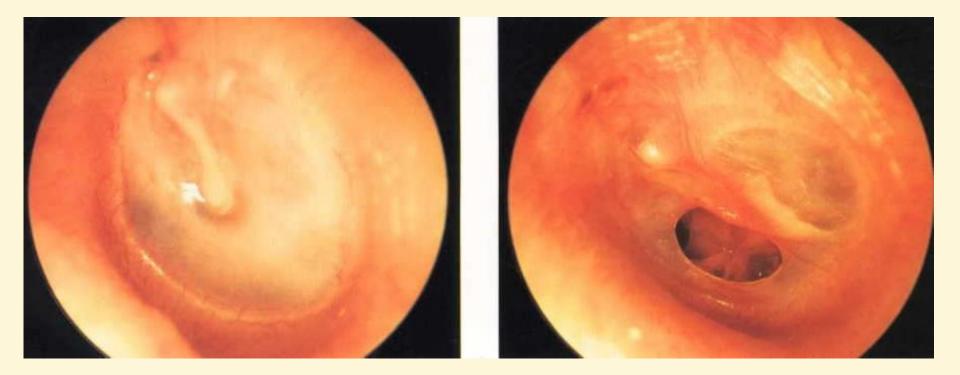




Sequelae of nonresolved otitis media



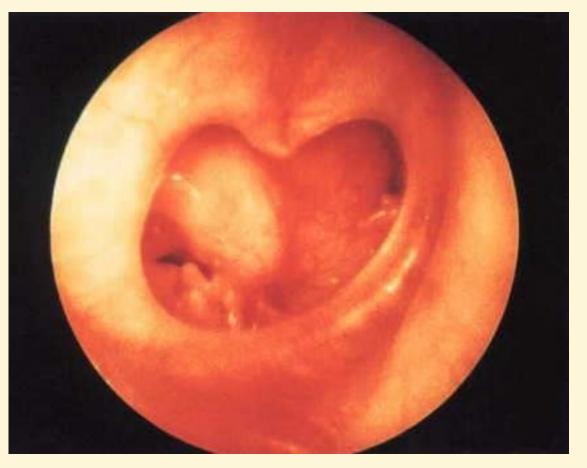
**Bullous** Myringitis bullae on outer surface of tympanic membrane



# Perforation of the tympanic membrane (picture on the right)

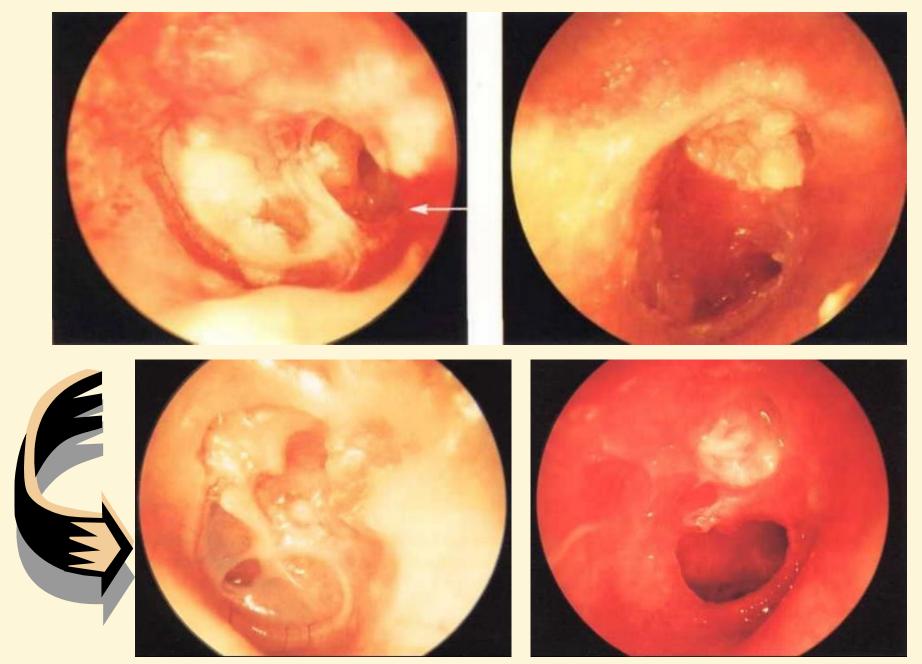






# Tubotympanic otitis media

(central perforation)



Atticoantral otitis media (cholesteatoma)(marginal perforation)



## Cholesteatoma

scanty offensive purulent aural discharge from an attic or posterosuperior marginal perforation with possible cranial or intracranial complications





# Mastoid abscess & fistula





# Aural polyp

pedunculated middle ear mucosa or granulation tissue



Glomus Pulsating tinnitus & a red mass behind an intact tympanic membrane

Otoscopic examination in Otosclerosis:

Schwartze's sign (flamingo red)

Usual finding is a normal tympanic membrane