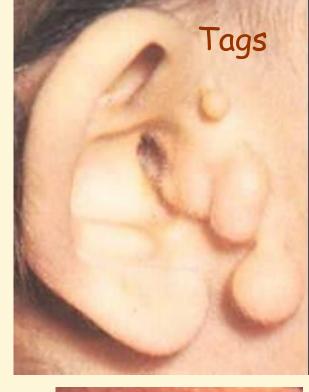


Aural atresia

Aural atresia Accessory auricle

Preauricular sinus

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



Absent external auditory canal



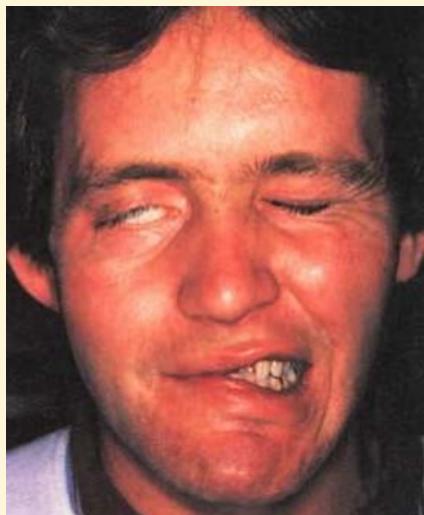
Hematoma → Perichondritis → Cauliflower auris ear

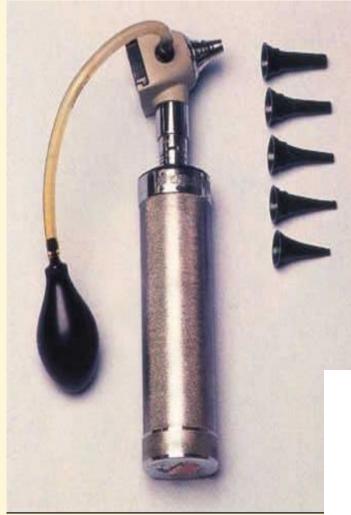


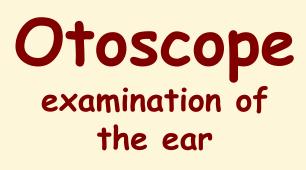


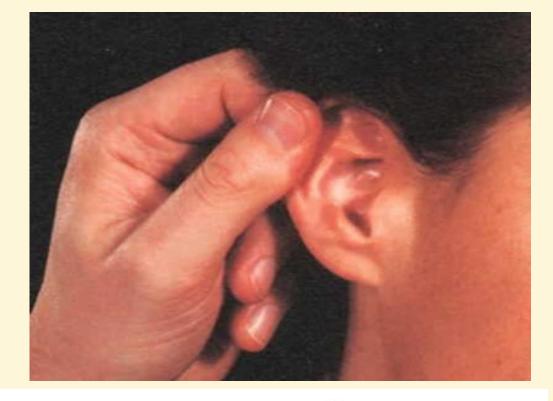
Pain + Facial paralysis + vesicles

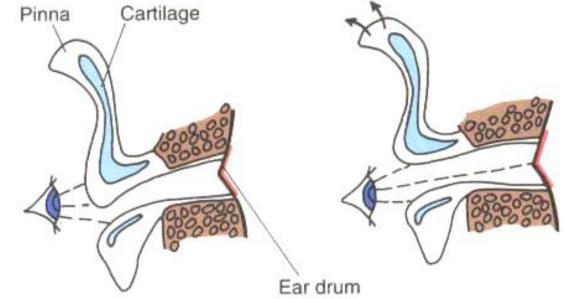
Herpes Zoster Oticus (Ramsay-Hunt Syndrome)





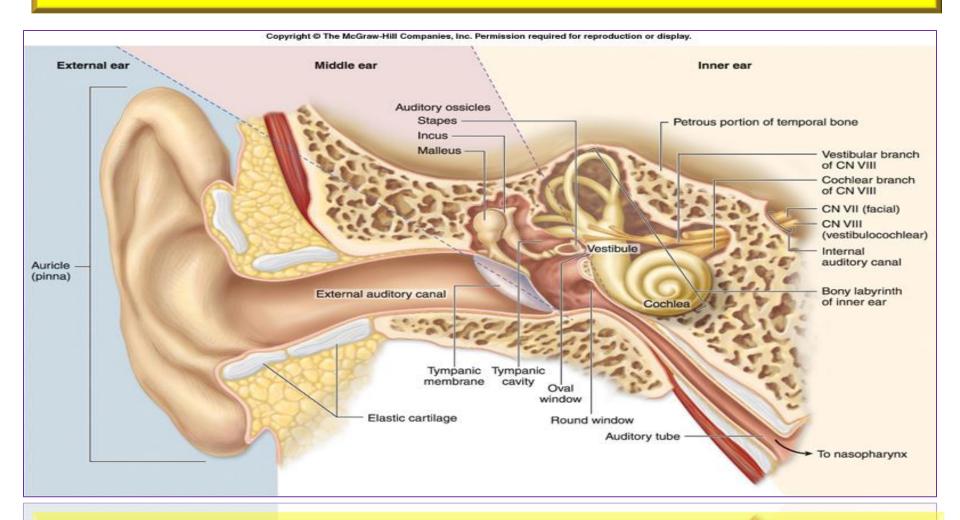




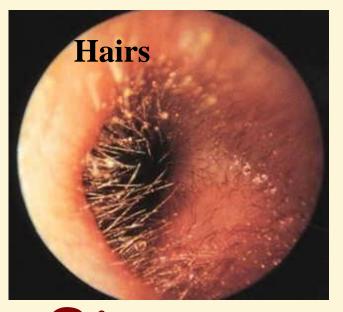


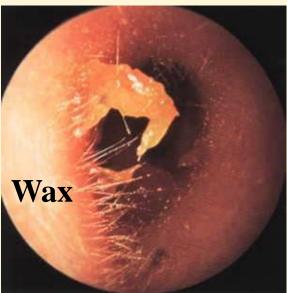


Anatomy of the Ear



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







Otoscopy (normal findings)



Blood vessels

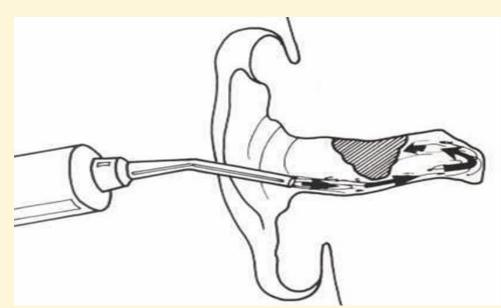
Collapsed external canal in old age







Removal of ear wax



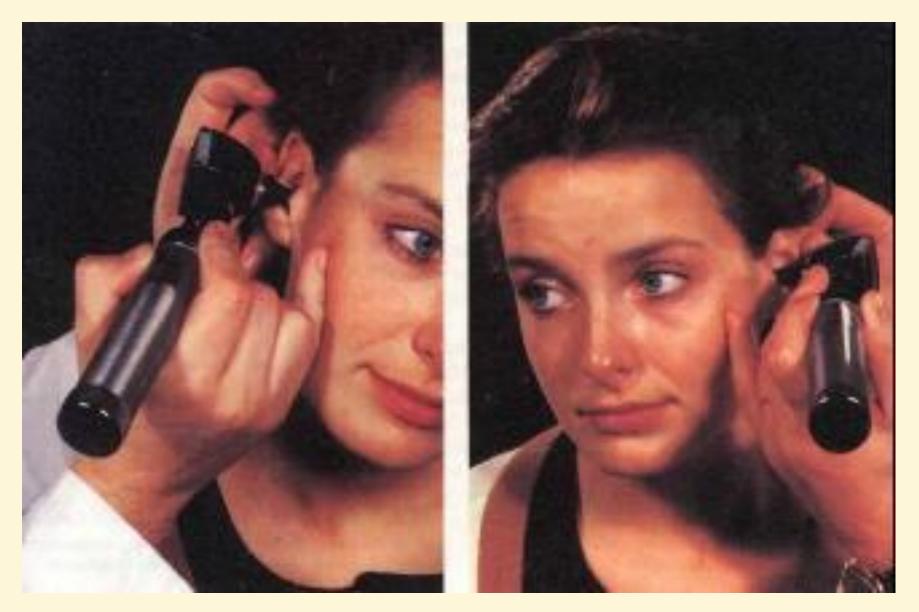
Step 1. Have the patient sit down



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



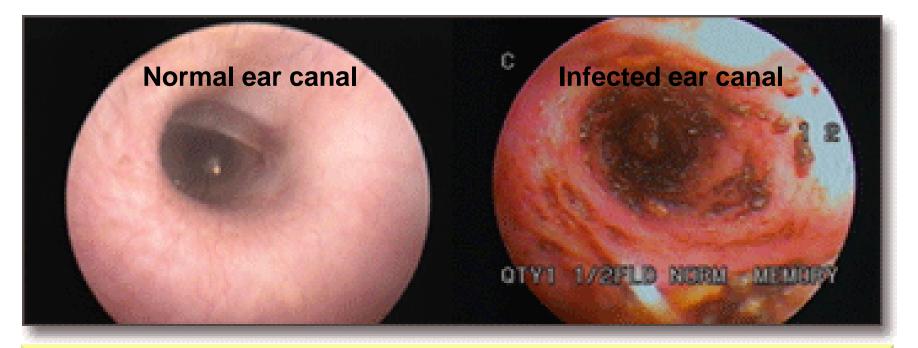
Never examine patient while standing

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

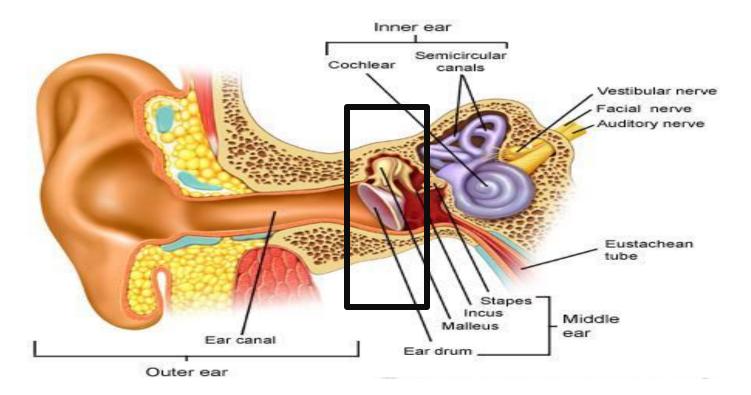


Normal tympanic membrane



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



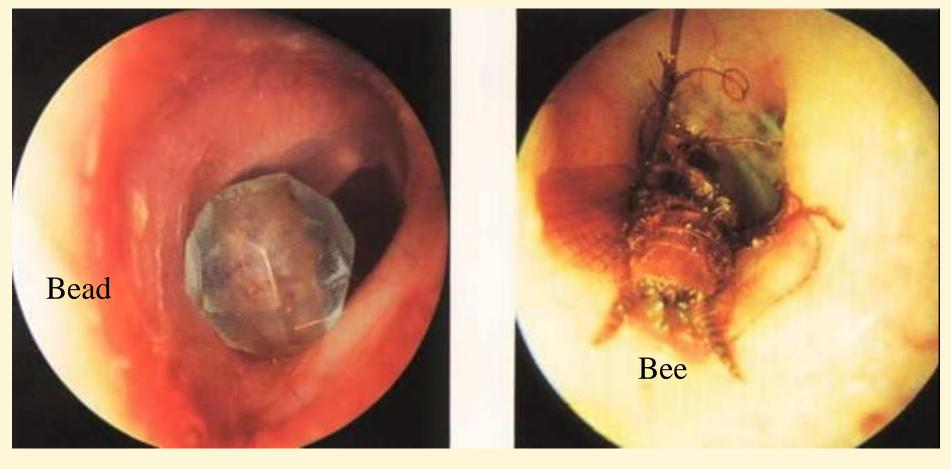


Cholesteatoma

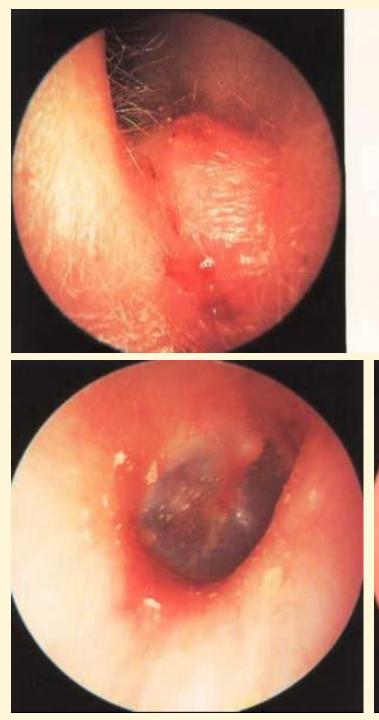
• Skin cyst behind the ear drum

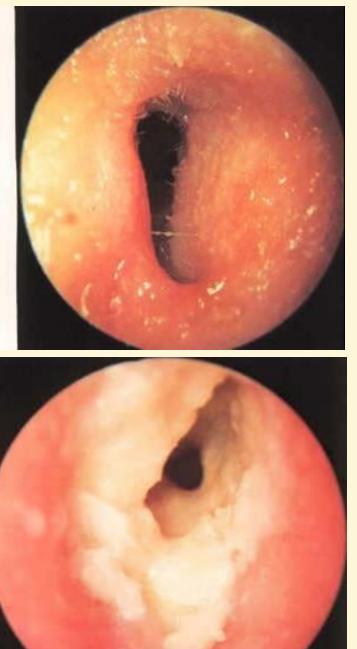
Perforation of Eardrum

• Hole in the Ear drum



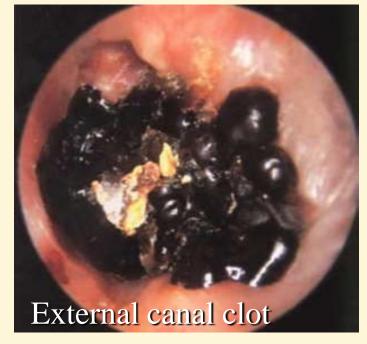
Foreign Bodies



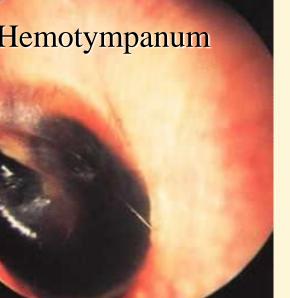


Acute External Otitis (hyperemia & edema)

Chronic External Otitis (skin maceration & keratosis)



Hemotympanum





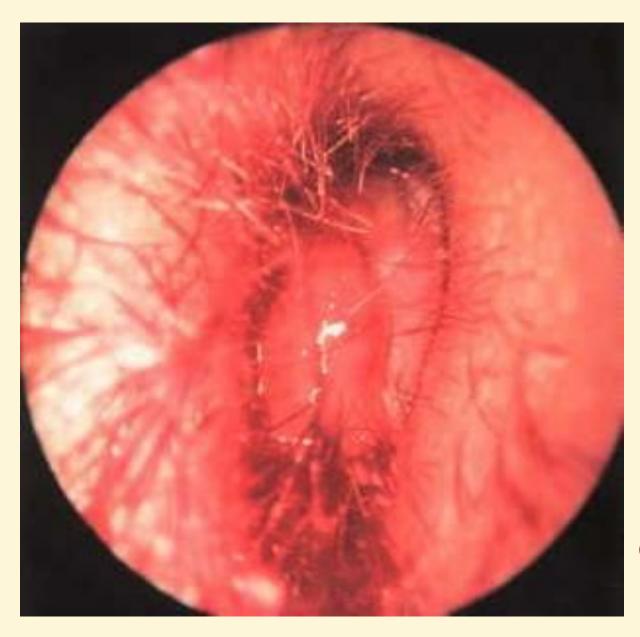


Otomycosis

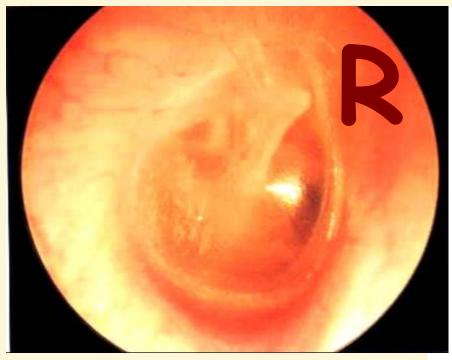
fungal ball wet-newspaper like appearance

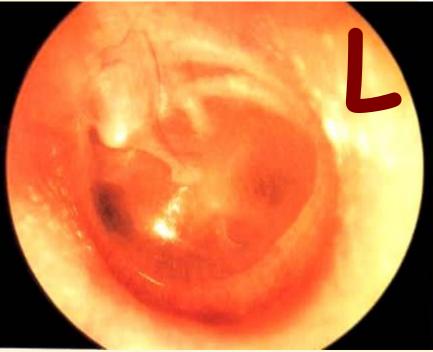


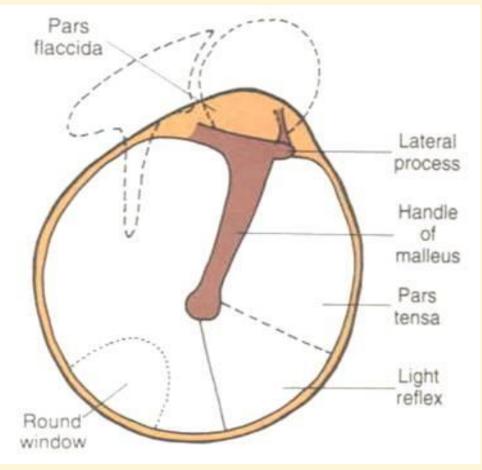




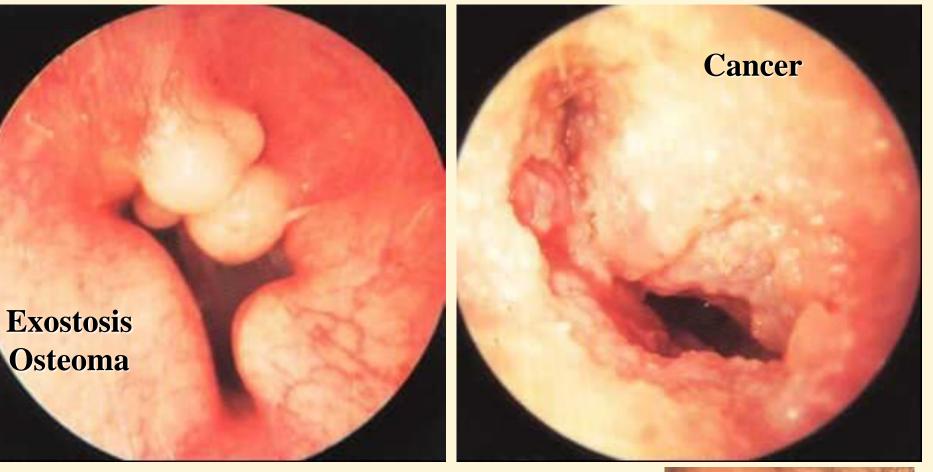
Diabetic Ear necrosis & granulations on the floor of the external auditory canal







Tympanic membrane

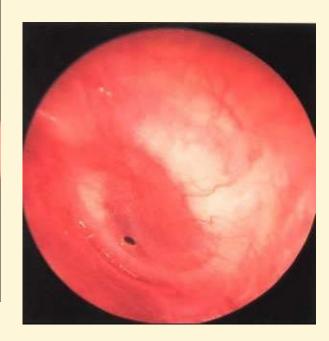


Neoplasms of the external auditory canal & auricle





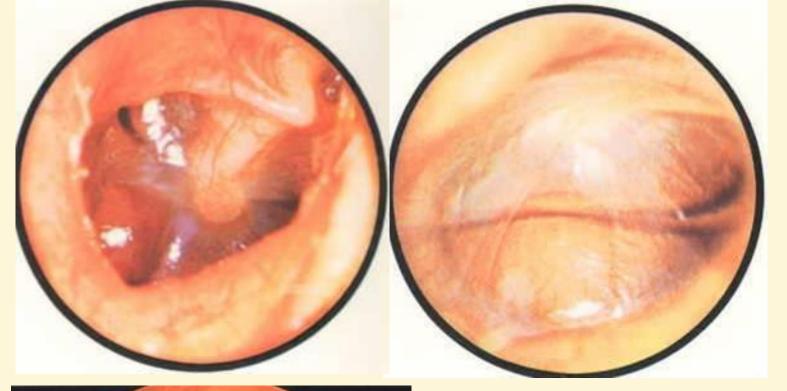






Acute Otitis Media

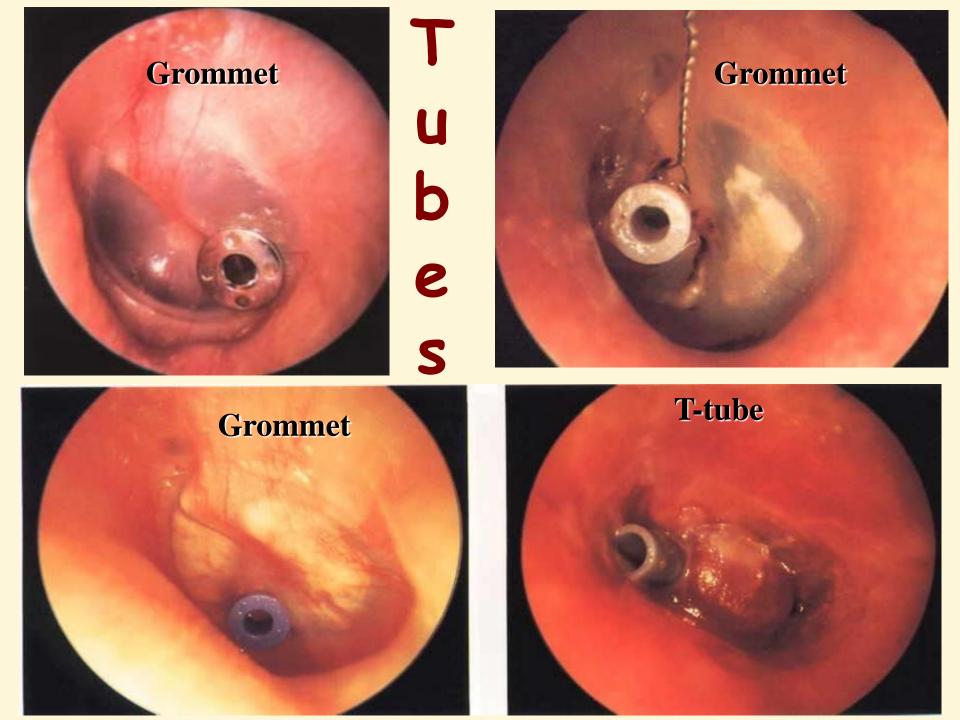
(hyperemia, bulging, perforation & finally drainage)

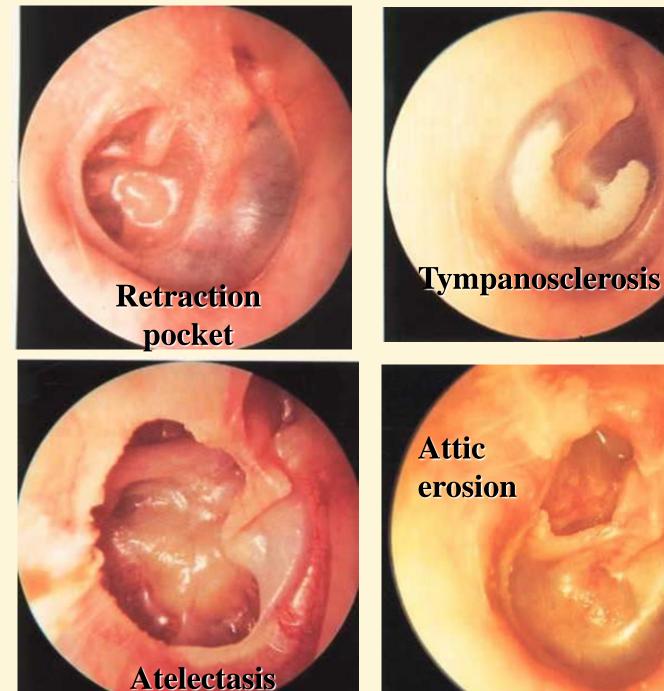




Otitis media with effusion (OME) retracted tympanic membrane, fluid level, some air bubbles, no perforation)



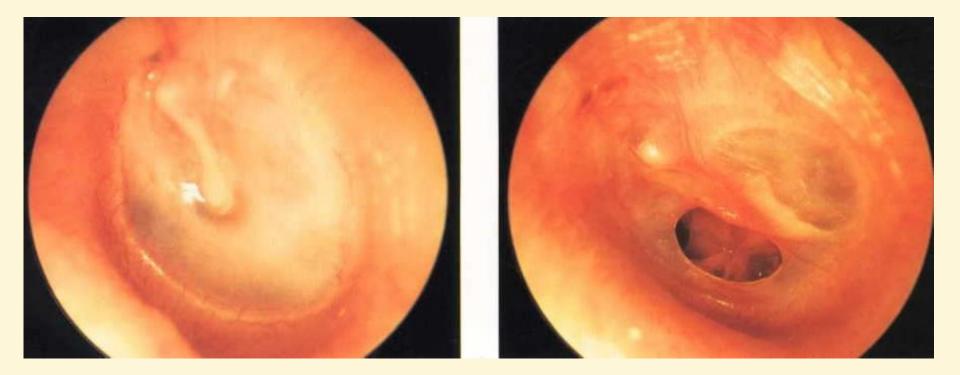




Sequelae of nonresolved otitis media



Bullous Myringitis bullae on outer surface of tympanic membrane



Perforation of the tympanic membrane (picture on the right)

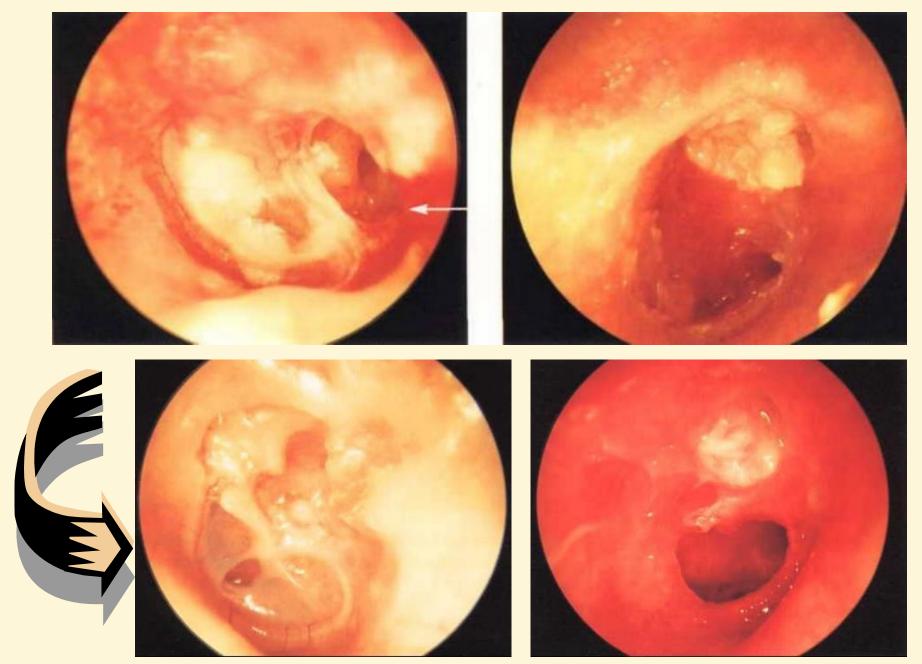






Tubotympanic otitis media

(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