ENT UK guideline on Necrotising Otitis Externa

Diagnosis of Necrotising Otitis Externa made

**Bloods – FBC, ESR, CRP, U+E, LFTs, Coag**

**Micro** – Ear swab, deep sample, clearly label with current ABx

**Infections**

**Make Referrals**

**Biopsy**

Significant Volume, Granulation Tissue in EAC - Drainage / Biopsy, (A/AG) for MC5 and histology, otherwise discuss with radiology re core biopsy.

**Refer to OPAT / make arrangements for long term iv antibiotics**

(Vascular access)

**Known/new diagnosis of Diabetes?**

Diabetic Team

**Cranial Nerve Palsy?**

Lower Cranial - SALT review

Facial nerve - Physio and Ophthalmology

Frail/elderly patient? Care of Elderly

**Microscope Clearance of Ear**

(at least twice Weekly) + consider topical treatment (until EAC infection controlled)

**Empirical Antibiotics**

Dual treatment iv ceftazidime 2g tids + po 750mg bd ciprofloxacin (D/W microbiologist)

**Analgesia**

As per WHO ladder: Pain team involvement if necessary

**Start Treatment**

**Decision made to terminate systemic antibiotics after minimum 6 weeks treatment and improved otalgia and biochemical markers. (+/- improvement on imaging).**

**Monitoring for 6 months after termination of antibiotic treatment. Repeat MRI at 6 weeks off antibiotics.**

Outpatient Management with appropriate teams (e.g. ID/OPAT and ENT)

**Discharge**

**Admission**

**Progressive Worsening / Cranial Nerve Palsy / Concern**

**Release / concern / further issues requested by ID to guide re**

**Discuss with radiology**

**Routine communication between treating teams in MDT or otherwise**

Can involve ENT / ID / medics / radiology / microbiology as required depending on teams involved

**Referral to outpatient diabetic team**

**Regular ENT OPD**

- Monitor disease progression / arrange imaging

- Topical treatment as required

**Patient commences outpatient management**

Investigations and treatment as outlined already commenced

see necrotising otitis externa pathway.

**Malignancy**

Normal

Baseline MRI with contrast (If renal function permits)

Treat at clinical discretion. Consider discussion with radiology.

Urgent MRI; Urgent Skull Base MDT; Urgent Skull Base Surgeon Review

**See necrotising otitis externa pathway.**

**Attendance with a clinical diagnosis of otitis externa**

**Ear Swab, Microsuction clearance, Topical Treatment**

**Cranial Nerve Palsy / High Risk / Concern**

**If more than one risk factors**

If none or one risk factor

Review at one week

**Ear Swab, Microsuction clearance, Topical Treatment**

Consider commencing oral ciprofloxacin 750mg bd

**Two week wait urgent CT Temporal Bone Review main clinic with result.**

**References:**