CLINICAL RECORDS

EXTERNAL OTITIS SIMULATING OTITIS MEDIA

REPORT ON TWO CASES

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MUCH has been written about the ætiology, clinical aspects, bacteriology and treatment of external otitis. It seems that this disease presents few diagnostic difficulties. Sometimes, however, due to inflammation and swelling of the external auditory canal it is difficult to establish whether or not the middle ear is involved as well.

Recently we encountered two cases in which the appearance of the ear seemed undoubtedly to be that of otitis media, so much so that no external otitis was even suspected. In the course of investigation and treatment, however, external otitis in a rather peculiar form was recognized and no middle ear infection was found at all.

Case Reports

Case I. B.S., 17-year-old male, No. 97728. This patient was first seen on *September 23rd, 1963*. The main complaint was discharge from the left ear of 3 months' duration associated with mild hearing impairment. There was a previous history of similar episodes throughout the preceding years, but never for such a long period of time.

On otoscopic examination the skin of the external canal appeared normal. There was a moderate amount of sero-mucous discharge at the eardrum. On cleaning away this discharge a polyp on a sessile base could be clearly seen in the upper-posterior quadrant. No perforation was detected. On examination with the microscope ($\times 6$) the polyp was seen to be covered by a thin membrane which merged with the epithelial layer of the ear drum. These findings were tentatively diagnosed as chronic suppurative otitis media. The right ear as well as other E.N.T. organs were normal. Swab for culture was taken. The patient was treated with 3 per cent. boralcohol drops. He was invited to come for re-examination within a week with the express purpose of removing the polyp. The audiometry and X-rays of mastoids performed in the meantime proved to be normal. Bacteriological examination revealed the presence of monilia. In view of these findings the diagnosis was revised and the possibility of external myringitis raised. A strip of gauze soaked in a solution of 50,000 units of Mycostatin per 1 gm. of glycerin was inserted into the left ear. Four days of this treatment were sufficient for the polyp to disappear completely. The

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patient was seen on several subsequent occasions and the ear kept its normal condition.

Case II. A.I., 38-year-old male, No. 77437. This patient was first seen on *September 26th, 1963.* His chief complaints were of discharge from the left ear and bilateral tinnitus, but mostly on the right side. This condition had persisted for several years and the patient had been previously treated variously and inconsistently. On examination the external auditory canal appeared to be normal. There was a rather large amount of purulent discharge which concealed a large polyp in the centre of the ear drum. Bacteriological examination revealed moniliasis. Audiometry and X-ray of the mastoids were normal. In view of our previous experience Mycostatin (50,000 units per 1 gm. of glycerin) was instilled. The response was remarkable, the polyp disappearing entirely within 4 days of institution of treatment. The patient returned after a few days with discharge from the same ear which was now unmistakably external otitis. Bacteriological examination now revealed aspergillus niger. This was successfully treated with a solution of Mycostatin in 5 per cent. argyrol.

Comment

Ever since 1844 when Mayer published his paper on diseases of the external ear caused by fungi it was believed that the majority of cases of external otitis was caused by mycotic infection; so much so that the terms "otomycosis" and "external otitis" became to be regarded as synonymous. As reported by Wolf in 1947, 53 different species of fungi have been isolated from the human ear. In 90 per cent. of cases they belonged to the aspergillus group. According to recent literature (McLaurin, 1954; Jenkins, 1961; Akroyd, 1959) it seems, though, that the importance of fungi has been exaggerated and a bacterial ætiology seems to be prevailing. In our country where external otitis is widespread, Feinmesser *et al.* in 1958 established that mycosis is responsible only for a small proportion of cases.

In the two cases presented, the otoscopic findings were those of chronic suppurative otitis media. Only after rœntgenological, audiological and bacteriological tests did the true nature of the disease emerge. It is fortunate that the correct diagnosis was made before the planned procedure (removal of polyp) was executed.

In both cases the ætiological agent was monilia and it may be suggested that this clinical picture of "polypoid myringitis" is specific for these fungi.

The prompt and excellent response to specific treatment with mycostatin wicks is worth noting. It is of interest that in the second case there was apparently mixed monilia and aspergillus infection and only after the elimination of the monilia did aspergillus reveal itself.

Summary

Two cases of polypoid myringitis due to monilial infection simulating otitis media have been described.

Recognition of this entity and the results of specific treatment will prevent unnecessary therapeutic procedures for mistaken otitis media.

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