COCHRANE CORNER PEARLS

Topical antibiotics are probably better than systemic antibiotics for chronically discharging ears with an underlying perforation

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THE PROBLEM: Pus coming from ears is a difficult situation in that one cannot be sure if there is an otitis externa or if the pus is coming from a perforation in the eardrum. Suction will reveal the diagnosis, but few GPs have access to this. I have always been taught that topical antibiotics are better than oral antibiotics, although I occasionally give oral antibiotics as well if the patient is experiencing a lot of pain, on the grounds that they may have a cellulitis or boil.

CLINICAL BOTTOM LINE: This review shows that topical quinolones are better than oral antibiotics and that the evidence is equivocal for other topical antibiotics. At present only Kenacomb is funded in NZ, but I occasionally use Ciloxan[®] (ciprofloxacin eye drops) for the ears as a funded source of a quinolone if Kenacomb has not worked. The ciprofloxacin with hydrocortisone for the ears is not funded. The role of topical antiseptic is unclear.

Treatments for chronically discharging ears with underlying perforation

	Success	Evidence	Harms
Topical quinolone vs oral non-quinolone	Effective; NNT = 2.5	Cochrane review ¹	No major ototoxicity
Topical quinolone vs oral quinolone	Effective NNT= 2 to 5	Cochrane review ¹	No major ototoxicity
Topical non-quinolone vs oral non-quinolone	No difference	Cochrane review ¹	Possible ototoxicity with chloramphenicol ear drops

NNT = numbers needed to treat. An NNT of 2 means that for every two people given the treatment, one additional person will get better due to the effective treatment.

Reference

 Macfadyen CA, Acuin JM, Gamble CL. Systemic antibiotics versus topical treatments for chronically discharging ears with underlying eardrum perforations. Cochrane Database of Systematic Reviews 2006, Issue 1. Art. No.: CD005608. DOI: 10.1002/14651858.CD005608.

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