String of PEARLS

**TEDIE**

**Practical Evidence About Real Life Situations**

**Skin lesions**

**PEARLS** are succinct summaries of Cochrane Systematic Reviews for primary care practitioners—developed by Prof. Brian McAvoy for the Cochrane Primary Care Field (www.cochraneprimarycare.org), New Zealand Branch of the Australasian Cochrane Centre at the Department of General Practice and Primary Health Care, University of Auckland (www.auckland.ac.nz/ua), funded by the New Zealand Guidelines Group (www.nzgg.org.nz) and published in NZ Doctor (www.nzdoctor.co.nz).

- Glue may be better than stitches, staples or adhesive tape for simple cuts
- Limited evidence for honey in topical treatment of wounds
- Prophylactic antibiotics for mammalian bites may prevent wound infection
- Limited evidence for effectiveness of burn wound dressings
- Oral tetracyclines effective for acne vulgaris
- Oral erythromycin may be effective in treating symptoms of pityriasis rosea
- Corticosteroids and vitamin D analogues effective for chronic plaque psoriasis

**Disclaimer:** PEARLS are for educational use only and are not meant to guide clinical activity, nor are they a clinical guideline.

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### Reference


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### Treatments for chronically discharging ears with underlying perforation

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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.

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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.

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

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