COM I CASE PRESENTATION

BIODATA

Name : Mumtaz.

Age : 57 yr

Sex : Female

Address : Pallimukku, Kollam

Occupation : HF

DOA : 24/06/26

DOE : 24/06/26

Chief Complaints.

Discharge from right ear x 2 months

H/o presenting illness

Patient is apparently normal 2 months back then she develops fever ~~following~~ then she started complaining of discharge from the right ear

Ear discharge

Onset : insidious.

gradually progressive

Nature : Muropurulent

Yellow coloured.

Intermittent discharge

Foul Smelling.

Moderate quantity

Non blood stained.

Aggravated by fever and cold.

Relieved by medication.

- Sensation of ear block in affected ear associated with decreased hearing
- mild pain during coughing and sneezing
- The ear discharge is associated with Facial pain and headache. Suggestive of Sinusitis.

Fever

onset: Acute
duration: 3 days
Episodic fever.
Relieved on medication.

- No H/o Trauma
- No Giddiness
- No ringing sensation in ear - Tinnitus
- No neck stiffness
- No Nausea and Vomiting
- No h/o Sore throat
- No Vertigo
- No H/o Upper resp tract infection

Past History

There is H/o recurrent ear discharge since childhood 7yr old.
No H/o Ear trauma and ear surgery
- H/o hypothyroid disorder
- No H/o Dm and HTN
- Surgical H ⟶ H/o kidney donation to relative 6yr back (nephrectomy)
- Past drug H ⟶ Immune suppressant taken.

- **Personal History**

Sleep : Adequate.
Appetite : Normal
Diet : mixed
Bowel and bladder : Irregular

- **Family History**

No Significant Family history.

- **Socioeconomic class**

Upper - middle class

General Examination

Patient is Conscious, Alert and well built.
No pallor, icterus, clubbing, cyanosis, lymphadenopathy and Edema
Vitals are normal :- BP - 99/71 mm Hg.
PR - 80/min
RR - 16/min

Ear Examination

Right ear

- Pre auricular area :- No Normal skin, No any scar, No lesion
No - Lymphnode enlargement, No sinus, No fistula, No Abscess

- Pinna :- Normal size and shape.
No swelling, redness, scar, ulcer and sinus.

- Post auricular area :- No scar, No lymphnode Enlargement. No Retroauricular groove present.
- No pain on tragus when apply pressure - Normal.
- External auditory canal :- Some amount of discharge present in EAC (mucopurulent, Yellow coloured)
- No mastoid tenderness present

→ Left Ear — Normal pinna, pre and post auricular area, tragus and EAC

Tunning fork ~~Examin~~ Test

(1) Rinne Test :- 512 Hz.

Right ear :- +ve
AC > BC (Sensorineural hearing loss)

Left ear :- +ve
AC > BC

(2) weber's test :- Lateralized to right ear

(3) Abc Test :- Normal.

(4) Fistula test :- -ve (No Nystagmus and Vertigo present)

Summary

57 yr old Female mamta2 presented with chief Complaints of discharge ~~from~~ ~~ear~~ right ear for 2 months ~~followed~~.

Discharge was insidious onset, mucopurulent, yellow coloured intermittent discharge. On Examination normal pre, post auricular area pinna and tragus are normal.

Tunning fork examination weber test lateralized to right ear

Provisional diagnosis

Chronic Suppurative otitis media.

Management

a) Investigation

- Examination Under microscope
- pus for culture and Sensitivity
- pure tone audiometry - degree of hearing loss, Type of hearing loss.
- Tympanometry Test -
- High resolution CT Scan of temporal bone - in case of mastoidectomy planning Reconstruction of tympanic mem

Treatment

- Ear toilet : - mopping with Sterile Cotton, Suction clearance of ear
- Topical ear drop : - Topical Antibiotics + Steroids (prevent Further inflamation)
- Systemic Antibiotic - If Severe
- Treat : - Nasal allergy, maxillary Sinusitis, tonsillitis, Adenoids.

Surgery

- In active Case - Tympanoplasty. - Reconstructing TM
- myringoplasty - Repair perforations in TM by graft Combined with Ossicular reconstruction done
- In active Case Cortical mastoidectomy should be done