

Brief Practice Update on Adult Otitis

Bacterial Acute Otitis Media (AOM)

RARE in Adults, annual incidence of ~2.1-3.8% in Adults 20yr+¹

Because of rarity, bacterial etiology not clear but likely mirrors children

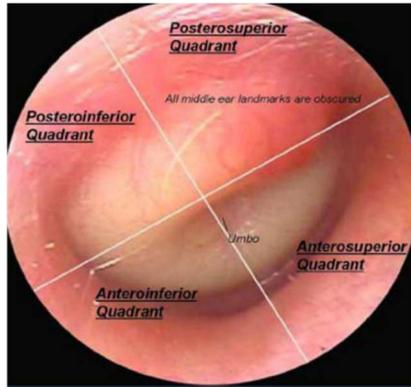
- Large portion are viral
- If bacteria: *H. flu.*, *S. pneumoniae*, *M. catarrhalis*, and >35% self-resolve w/o antibiotics

AOM Clinical Exam:

A. Normal ear



B. AOM



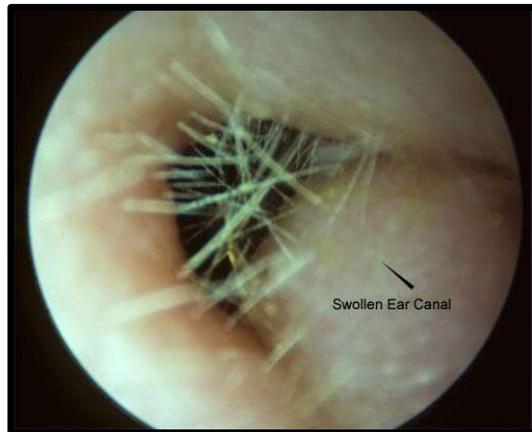
Treatment: If c/f bacterial (usually one-sided, purulent effusion (see B above)) → amoxicillin 500mg PO TID x 5-7 days or amoxicillin-clavulanate 875-125mg PO bid x 5-7 days

Acute Otitis Externa (AOE)

Incidence in U.S. South = 9.1/1000 persons, highest incidence in summer²

AOE Clinical Exam:

A. Uncomplicated AOE



B. Severe AOE/Malignant AEO



Treatment: Topical (no data supports one over the other EXCEPT acetic acid alone shown to be less effective when compared to antibiotic + steroid topical) for at least 7 days, then 1-2 days after resolution

Exception: If surrounding cellulitis of ear/face, high concern for malignant AOE (often DM, immunocompromised), need strep and *Pseudomonas* coverage, consider empiric levofloxacin 750mg PO daily (if normal CrCl) x 7-10 days if mild + topicals

If severe, needs IV and likely imaging, be on alert for necrotizing infection

v. 12.19.2025 (initial 6.2024)

1. Monasta L, et al. *PLoS One*, 2012. 2. Piercefield EW, et al. *MMWR*, 2011

Images: Kaleida PH, et al. *Pediatrics*, 2009 available on University of Wisconsin, Dept of Pediatrics website:

<https://www.pediatrics.wisc.edu/education/acute-otitis-media/exercises/images/>; McGovern Medical School Dept of Otorhinolaryngology, available at: <https://med.uth.edu/orl/online-ear-disease-photo-book/chapter-11-swimmers-ear/swimmers-ear-images/> and McKoy K, Merck Manual, available at: <https://www.merckmanuals.com/professional/ear,-nose,-and-throat-disorders/external-ear-disorders/external-otitis-acute>