

# Chapter 12

## Ear, Nose, and Oropharynx

### 1 EAR

---

#### Otitis externa

Infection of the ear canal, a topical anti-infective such as neomycin or clioquinol may be used, but for only about a week. Acetic acid 2% (EarCalm) acts as an antifungal and antibacterial in the external ear canal, and may be used to treat mild cases. In more severe cases an anti-inflammatory preparation with or without an anti-infective drug is required.

#### Otitis media

Most common cause of severe ear pain in small children. Many infections are caused by viruses, and uncomplicated cases resolve without antibacterial treatment. In children without systemic features, antibacterial treatment (amoxicillin) may be started after 72 hours if no improvement.

#### Removal of earwax

Wax provides a protective film on the ear canal, and only needs to be removed if it causes hearing loss. Wax can be softened using olive or almond oil, or ear drops; ear drops are also effective, but may cause dryness of the ear canal. If necessary, wax may be removed by irrigation with warm water.

### 2 NOSE

---

Allergic rhinitis is self-limiting but can be controlled with antihistamines (e.g. azelastine), or nasal corticosteroids (e.g. beclomethasone, mometasone). Sodium cromoglicate is an alternative, but may be less effective. If necessary, a pregnant woman can use nasal beclomethasone, budesonide, fluticasone, or sodium cromoglicate.

Bacterial sinusitis may require treatment with antibacterials (amoxicillin or doxycycline). There is no evidence that topical anti-infective nasal preparations have any therapeutic value in rhinitis or sinusitis. However, Naseptin and Bactroban are licensed for the eradication of nasal carriage of staphylococci.

Nasal polyps can be treated with short-term use of corticosteroid (e.g. beclomethasone, mometasone).

The nasal mucosa is sensitive to changes in atmospheric temperature and humidity and these alone may cause slight nasal congestion. Sodium chloride 0.9% may relieve nasal congestion by helping to liquefy mucous secretion. Alternatively decongestant nasal preparations include ephedrine and xylometazoline.

### 3 OROPHARYNX

---

#### Dry mouth

Often caused by antimuscarinic drugs and diuretics. May be relieved by simple measures such as frequent sips of cool drinks or sucking pieces of ice or sugar-free fruit pastilles. Sugar-free chewing gum stimulates salivation in patients with residual salivary function. Artificial saliva can provide useful relief of dry mouth.

#### Oral hygiene

There is no convincing evidence that antiseptic lozenges and sprays have a beneficial action, they can irritate and cause sore tongue and sore lips.

A warm saline mouthwash is ideal for superficial infections, and can be prepared by dissolving half a teaspoonful of salt in a glassful of warm water. Hydrogen peroxide, may be useful in the treatment of acute ulcerative gingivitis. Chlorhexidine is an effective antiseptic which has the advantage of limited inhibition of plaque formation on the teeth. Fluoride toothpaste is used in the prophylaxis of dental caries.

#### Ulceration and inflammation

Important to establish the diagnosis, as each case will require specific management. Unexplained mouth ulcer of more than 3 weeks requires urgent referral to hospital to exclude oral cancer.

Preparations include saline mouthwash, chlorhexidine mouthwash, oral corticosteroids, benzydamine, flurbiprofen (sore throat), and choline salicylate.

#### Bacterial infections

The most common cause of a sore throat is a viral infection which does not benefit from anti-infective treatment. Bacterial infections may require systemic penicillin or metronidazole therapy.

#### Fungal infections

Most common is oral thrush and is treated with local nystatin or miconazole; miconazole is licensed in children aged 4 months and over.