

Topical treatments for chronically discharging ears with underlying eardrum perforations (CSOM) are better than systemic antibiotics

Clinical question	What is the most effective treatment for chronic suppurative otitis media (CSOM)
Bottom line	In adults and children with CSOM topical quinolone antibiotics are better than systemic antibiotics for clearing discharge at up to 2 weeks. There is no benefit from combining systemic and topical treatments. The results are less clear for topical non-quinolone antibiotic (without steroids) or antiseptic when compared to systemic quinolone or non-quinolone antibiotics. Compared with topical quinolones, topical chloramphenicol plus systemic non-quinolones increase ototoxicity and hearing loss (NNH ranges from 2 to 5)*.
Caveat	The outcome measured here is reduction in ear discharge. Little is known about longer term outcomes such as persisting dry ear, preventing complications, healing the eardrum and improved hearing.
Context	CSOM is a common cause of preventable hearing impairment, particularly in low and middle-income countries. Aural toilet was usually only done once before starting treatment
Cochrane Systematic Review	Macfadyen CA et al. Systemic antibiotics versus topical treatments for chronically discharging ears with underlying eardrum perforations Cochrane 2006, Issue 4. This review contains 9 trials and 833 participants.
Pearls No. 1 January 2007 (BMcAvoy)	

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