



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

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| 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)*. |
| 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 |
| 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. |
| Reference | 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. |
| Date (Author) | January 2007 (BMcAvoy) |

NNT = numbers needed to treat to benefit one person

NNH = numbers needed to harm one person

Both NNT and NNH are only reported if the studies or pooling of studies is statistically significant

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