### **Otology Cheat Sheet**

## Cheatography

## by Siffi (Siffi) via cheatography.com/122609/cs/22881/

HISTORY	
Pain Location, quality, course, aggrevating/relieving factors	Discharge (frequency, colour, consistency, odour)
Feeling of fullness/pressure	Hearing loss (uni/bilateral/partial/complete
Tinnitus	Vertigo
Loud noise exposure	Injury to the ear
Recent swimming/air travel	Infection
Past Ear surgery/treatment	Past serious illness
Family history of hearing problems/ ear conditions	Cold water sports

#### Hearing Loss

Types	Age	
Congenital	Infant - Young children	
Serous Otitis Media	Infant - Young children	
Postinfective	Young children - Teenagers/adolescents	
Noise Induced	Teenagers/adolescents - Over 60	
Otosclerosis	20-60yo	
Acoustic Neuroma	20-60+уо	
Meniere's Disease	20-60 уо	
Early Prebycusis	40-60 yo	
Prebycusis	60+	

#### **Tinnitus Classfications**

Subjective	Objective
Most common	Can be heard by patient and examiner - Rare
Sound can only be heard by patient - caused by abnormal activity in inner ear/CNS	Vascular Abnormalities, muscle related
Primary	Secondary
Idiopathic + sensorineural Hearing loss	Underlying cause - not sensorineural
Constant/intermittent/unilateral/bilateral:	

Buzzing, Whistling, Hissing, Ringing, Roaring, Clicking, Pulsing (vascular), Whooshing, Humming

Causes of Subjective Tinnitus	
Infections	Ear wax
Inner ear noise damage	Meniere's disease
Otosclerosis	Acoustic Neuroma
MS	Ototoxic drugs
Metabolic disorder	Psychological disorders



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#### Causes of Subjective Tinnitus (cont)

Mechanical disorders

If unilateral + sensorineural hearing loss consider: Meniere's disease + Acoustic Neuroma

#### If Bilateral consider:

Age related hearing loss Noise induced hearing loss Drug induced ototoxicity

#### Subjective tinnitus + conductive hearing loss consider:

Disorders of middle/outer ear Otosclerosis(family hx)

Examination		
External Ear	Auscultate periauricular area, temporal bone, orbit, vascular structures of the neck	
Otoscopy	TMD Exam	
CN Exam (VII, VIII)	Check for anaemia, thyroid, hyperlipidemia +diabetes	
Assess for other causes of pain, tinnitus/hearing loss	Regional lymphnodes	
If Tinnitus is pulsatile - head, neck exam, blood pressure + CV system (Murmurs, carotid + temporal artery bruits		

# Red Flags EMERGENCY REFERRAL Sudden onset pulsatile tinnitus

Tinnitus with associated significant neuro symptoms

Tinnitus Secondary to head trauma

Tinnitus associated with sudden hearing loss

All patients with tinnitus should be referred to their GP - non-emergencies only Referred to ENT - audiological assessment

#### URGENT REFERRAL - Same day to GP

Objective/pulsatile tinnitus

Unilateral tinnitus

Tinnitus with unilateral/asymmetric hearing loss

Tinnitus with persistent otalgia/otorrhoea that does not resolve with treatment

Tinnitus with vestibular symptoms -dizziness, vertigo

#### LESS URGENT

Tinnitus of unknown cause - not associated with hearing loss, ear pain, drainage or malodour, vestibular symptoms or facial weakness or hearing loss that cannot be distinguished

Tinnitus that is causing distress - despite primary care management

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#### Otoscopy

Before inserting Otoscope, observe the outside of the ear - hearing aid, shape, discharge, deformities, skin

Pull the pinna up and back for adults, up for children

Slowly insert no more than 0.5cm in

Ear disorders			
Acute Otitis media	S&S	Otoscopy Findings	
	Fullness in the ear	Retracted, pink/red tympanic membrane	
	Fever	Pus and membrane can bulge	
	Vomiting		
	Headache		
	Hearing loss		
	Fluid coming from the ear		
	Diarrhoea		
Serous Otitis media			
	Fullness, pressure, popping in the ear	Retracted Tympanic membrane - yellowish/blueish in colour	
	Hearing loss	Bubbles/ air/fluid level can be seen	
	Pain		
Chronic suppurative otitis media	Painless otorrhea	Defects in tympanic membrane	
	Bacterial or fungal	Ear full of pus	
Perforated Eardrum	Painful       Hearing loss       Hole in eardrum with redness		
	Caused by: Repeated infections + trauma		
Exostosis	Surfer's ear - cold water	Nodular bony outgrowths covered with skin	
	Can occlude ear canal		
Tympanosclerosis	Hearing loss if affects ossicles	White plaques in tympanic membrane /middle ear cavity	



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