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Fungal Ear Infection (Otomycosis)

Fungal otitis externa is known as **otomycosis** which is most commonly caused by either "*Candida albicans*" or "*Aspergillus niger*". The aetiology of otitis externa is multifactorial however, the common basis is transport of infective material via moisture into the external auditory meatus or secondary to prolonged antibiotic treatment that disturbs the body's natural flora. Immunosuppression and diabetes may also play a role.

Symptoms

A hearing loss may be evident dependent upon the extent of ear canal occlusion. A blocked or full feeling is apparent and sometimes itchiness, swelling or mild discomfort dependent upon co-existence of bacterial infection. Clients who use hearing devices may indicate the device to be non-functional or to have less volume than previously. Audiometry can be indicative of a conductive loss on the affected side(s) with type B tympanograms and tuning fork tests are likely to be Rinne negative with a lateralized Webber.

Appearance

Occasionally spores may be visible in the external auditory meatus with whitish long filamentous stands of the fungus known individually as hyphae. If the infecting fungus is candida the spores are white. Alternatively if the infecting agent is *Aspergillus* small black or white balls are evident.



Treatment and Review

Medical practitioners have access to schedule medications that are of high value in treating fungal infection. For ongoing prophylaxis with intact tympanic membranes non prescriptive eardrops such as "*AquaEar*" are often used by swimmers. Good earmould hygiene is also important in recurring conditions with regular exchange and disposal of domes helpful in removing a source of re-infection. Persistent infection warrants ENT referral by the GP.