



Swimmer's Ear

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More accurately termed otitis externa, this is a completely different animal than the ear infections of early childhood often associated with "colds" (viral upper respiratory infections) and day care. This infection is a dermatitis (inflammation) of the skin of the ear canal where water of one sort or another is the vital link in developing the infection. The germs causing the infection are natural skin flora (bacteria) living there all the time. The water, no matter the source, is just an enabler, not the source of the germs. Water softens and macerates the ear canal skin making conditions "ripe" for infection by the germs living there all the time. Pain is the paramount symptom of swimmer's ear and coupled with a history of recent water / swimming exposure can be very suggestive of the diagnosis. In this condition, pulling or pushing on the external ear near the ear canal and distorting / stretching the skin of the canal causes pain. Chewing, because the hinge of the jaw abuts the ear canal can cause pain and make one think the primary problem is one with the teeth or jaw.

As with so many things, prevention is the best strategy. An array of "swimmer's ear drops" is sold without prescription. They are intended for use to dry the ear canal skin after swimming in people with normal ear canals and eardrums. These preventive drops are not meant for use with eardrum abnormalities like holes, perforations or PE tubes. If the anatomy of the ear is not normal or is unknown, without the expressed instructions from a qualified physician, I'd suggest you not use this sort of drop. Keep these drops in a location where when swimming and water sports are over for a while (a day or part of a day) you can remember to use them.

Once the ear canal has begun to hurt, the preventive eardrops are no longer the "go-to" solution. The prime ingredient in these preventive drops is alcohol and putting that onto inflamed ear canal skin is going to hurt and not help to limit the already established infection. So...

Now a doctor visit will be needed to establish the diagnosis and prescribe a drop that usually contains an antibiotic for infection and a steroid to limit inflammation and pain. Modern drops usually contain a fluoroquinolone as the antibiotic and have largely replaced the use of older drops where



neomycin is the antibacterial component. Ibuprofen in appropriate doses for the first day or two is also quite reasonable.

Usually the drops will be prescribed for the involved ear(s) for about a week. During this time, avoiding water activities where the already inflamed canal will get wet is also recommended. Once the infection and pain are gone, a return to water activities is reasonable, but use the preventive drops or another expensive lesson (doctor's visit / Rx drops / lost recreational time) will be waiting again.

If drops are used as prescribed and improvement is not noticed in the first couple of days, reevaluation would be reasonable.