

Media Contact: Russell Rian  
214-648-3404  
[russell.rian@utsouthwestern.edu](mailto:russell.rian@utsouthwestern.edu)

## **UT Southwestern physician helps craft first guidelines for care, diagnosis of swimmer's ear**

DALLAS – May 19, 2006 – Antiseptic or antibiotic ear drops should be the front-line treatment for people suffering from swimmer's ear, while restraint should be exercised in using oral antibiotics, according to new treatment guidelines issued as the nation's public pools prepare to open around Memorial Day.

The guidelines, crafted by a panel of experts that includes the chairman of otolaryngology at UT Southwestern Medical Center, are the first official recommendations for dealing with the common, often painful, infection.

“The most important feature of these new guidelines is that they are entirely evidence-based,” said Dr. Peter S. Roland, chairman of otolaryngology-head and neck surgery. “They do not depend on clinicians' opinions, but instead are based on what has been scientifically demonstrated in the medical literature.”

Dr. Roland is one of a dozen physicians on a national panel representing multiple disciplines that treat swimmer's ear, including otolaryngology, pediatrics, emergency medicine, family practice, internal medicine and infectious diseases. The specialists poured over thousands of articles and studies spanning back to the 1960s to compare various treatments and come up with the first guidelines for diagnosing and treating swimmer's ear.

The guidelines are published in the April 2006 edition of *Otolaryngology-Head and Neck Surgery*.

The panel's findings and recommendations include:

- Initially treat the condition with antiseptic or antibiotic ear drops, which inhibit bacterial growth. The drops usually relieve the pain within a day and clear up the condition within a week. Patients should also be shown how to put in the ear drops to ensure they are effective.
- Administer oral antibiotics with restraint unless other conditions are present, such as diabetes or some immune diseases, because studies indicate those medications are less effective and have more side effects.
- Ear candles have not been shown to be effective and can have adverse side effects, including burning or perforating the ear drum. Ear candling, often found in new age shops, involves putting a cone-shaped device – usually a fabric soaked in wax to

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## Swimmer's ear guidelines – 2

harden – into the ear to remove impurities with smoke.

- To avoid swimmer's ear, keep moisture out by using ear plugs or by drying the ears with a hairdryer, and avoiding water that may be polluted.
- Otolaryngologists caution against putting fingers or other objects in the ear, including cotton swabs, which can damage the ear or push material deeper into the canal.

Swimmer's ear, a condition formally called acute otitis externa, is an infection of the outer ear and ear canal, often resulting from water becoming trapped in the ear. Water can remove the protective earwax, allowing infections to develop. It is most often found in swimmers but can also result from showering or bathing. Other causes can include cleaning or scratching the ear, as well as skin conditions such as psoriasis or acne.

Symptoms usually involve redness and swelling, itching, mild to moderate ear pain, particularly when moving the head, or a feeling that the ears are blocked. There may also be pus drainage, fever, decreased hearing, radiating pain and swollen lymph nodes.

“Swimmer's ear is a very common and often very painful condition. It's important that the most effective treatments be identified and widely disseminated,” said Dr. Roland, who is also a professor of neurological surgery. “These guidelines are designed to assist all physicians who treat swimmer's ear.”

The American Academy of Otolaryngology estimates about one in every 100 to 250 Americans annually are affected with swimmer's ear. It is more common in children and young adults, but can affect any age. People with itchy ears, flaky or scaly ears, or extensive earwax are more likely to develop swimmer's ear, according to the academy, and allergic conditions such as eczema, allergic rhinitis or asthma may also be factors.

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