

# Swimmer's Ear

Maybe there is still some ice on your favorite Adirondack lake, but before long it will be time to dive into it! Not a bad time to review one of summer's pesky troubles.

"Swimmer's" ear really doesn't have anything to do with swimming, although as I will explain that can become a set-up for it. The technical term, *otitis externa*, is Latin for "infection in the outer ear." Doctors don't use Latin anymore, so we

just call it "external otitis."

External otitis is actually an infection of the skin that lines the ear canal, that little tube, about one inch long, through which sound moves from the outside until it hits the eardrum. Infections inside the eardrum (middle or inner ear infections) are completely distinct from external otitis, and generally are associated with respiratory infections.

The skin of the ear canal is quite thin. It is protected by the tragus, that little flap of skin overlying the opening of the ear, as well as by tiny hairs and cerumen (ear wax). Generally, all of these things keep the tissues of the ear canal healthy.

When something causes a break in the skin of the ear canal, however, it becomes possible for bacteria to get under the skin and set up an infection. Bacteria are covering our skin all the time—a "break" is required before they can set up a foothold and cause infection.

What kinds of things can result in damage to the skin of the ear canal? Well, that's where the "swimmer's" part comes in. In the same way that the skin of your feet becomes macerated when you walk for a while with wet socks, moisture in the ear canal can make the skin soft and friable. Swimming may also change the types of bacteria inhabiting the ear canal, although that effect is probably not as important as is damaging the skin. Sticking things into the ear canal in an effort to "clean" it can also cause damage, as can wearing objects such as ear buds.

The first signs of external otitis are

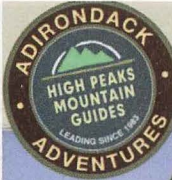
itchiness and pain in the ear, sometimes worsened by pulling on the earlobe. If it is possible to consult with a physician at this stage, he or she can confirm the diagnosis, clean the ear canal, and prescribe drops. Although antibiotic drops are often used, sometimes all that is required is a simple acidic drop such as acetic acid. Oral therapy is virtually never necessary at this stage.

If symptoms are mild, and evaluation by a physician is not immediately available, it is usually safe to try to clean the ear canal by *gently* rinsing it with warm water, using a bulb or ear syringe. A few drops of vinegar can be instilled, producing a similar effect seen with acetic acid. This can be repeated three or four times a day. Obviously, swimming should be avoided until symptoms resolve.

If symptoms are more severe, especially if accompanied by fever, heavy discharge, or hearing loss, it is best to seek medical attention immediately. Do not attempt to clean the ear canal or instill any home remedies. Tylenol or other pain-relieving medications may be used while awaiting medical evaluation.

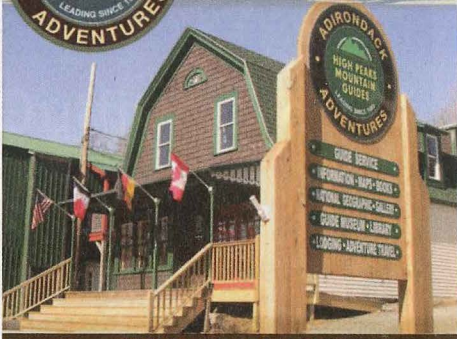


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