



# Examination of the Ear

**A precise and carefully taken  
CASE HISTORY is a MUST!**

# CASE HISTORY

Examiner should know the following:

- Time of onset of the hearing loss
- Hearing loss is gradual or sudden
- Unilateral or bilateral
- Symmetrical or asymmetrical
- Presence or absence of other symptoms like vertigo (dizziness), tinnitus (ringing of the ear)
- Presence of discharge or pain

# CASE HISTORY

Case History must also include:

- Family History
- Exposure to noise
- Previous ear or head trauma
- Use of ototoxic drugs

# SIGNS AND SYMPTOMS

- Earache
- Fever
- Ear discharge
- Itching
- Blocked ear
- Hearing impairment
- Tinnitus
- Vertigo
- Facial palsy

# GENERAL EXAMINATION

- Get a general impression of the patient's condition. Does he/she look healthy? Is the child growing well? Check the weight curve of under-fives when available. What is the hygienic condition of the child? Are there generalised glands or sores? Is the patient breathing through the nose or through an open mouth? Is there a stridor? Are speech and hearing normal?

# PINNA EXAMINATION

- Is the pinna normal? Check for infection, abnormal shape, tumours, fistulas and scars. Do not forget to check behind the ear, and under the ear lobe.

# NOSE, THROAT, AND NECK EXAMINATION

- Is the nose blocked or is there normal nasal breathing? Is there a nasal discharge?
- Look into the mouth. Are there infections/sores of the tongue and mucosa? How are the gums? How are the tonsils, enlarged, inflamed? How is the condition of the teeth? Are there adenoids?
- Palpate the areas of the neck: retromandibular, submandibular, submental, pre-jugular and posterior. Are there enlarged glands?



# HOW TO EXAMINE THE EAR?

1. Position the patient properly.
2. If the patient is a child:

Hold the pinna *outwards*,  
*backwards and*  
*downwards*, to  
straighten the canal.

# HOW TO EXAMINE THE EAR?



# HOW TO EXAMINE THE EAR?



If the patient is an adult:  
Position the pinna  
*outwards, backwards,*  
and *upwards*

# CHECKLIST FOR OTOSCOPY

- First identify the tympanic membrane and check for its position (retraction, bulging), translucency, colour, redness, granulations, perforation.
- If the tympanic membrane is intact, then try to look through it to assess the aeration of the middle ear.
- Is the middle ear aerated or is there pus or fluid?
- Take note of the size and the localisation of a perforation.

# CHECKLIST FOR OTOSCOPY

- Is the perforation central, marginal or epitympanal (above the malleus handle)?
- Is the middle ear dry with normal mucosa?
- Is the mucosa swollen and injected?
- Are there polyps or granulations?
- Is there cholesteatoma?

# CHECKLIST FOR OTOSCOPY

- Look for cholesteatoma especially at supero-posterior, marginal and epitympanal perforations and retraction pockets.
- Most difficult to see and very often overlooked are fluid in the middle ear (otitis media with effusion) and cholesteatoma.
- Make a schematic drawing of the otoscopic findings on the patient card.

# EAR EXAMINATION INSTRUMENTS

- Penlight
- Otoscope

# “WHAT WILL I SEE?”

