



## Topical treatments better than systemic antibiotics for chronically discharging ears

**Clinical question** What is the most effective treatment for chronic suppurative otitis media (CSOM)?

**Bottom line** Topical quinolone antibiotics are better than systemic antibiotics for clearing discharge at up to 2 weeks in adults and children with CSOM. There is no benefit from combining systemic and topical treatments. The results are less clear for topical non-quinolone antibiotics (without steroids) or antiseptic when compared with systemic quinolone or non-quinolone antibiotics. Compared with topical quinolones, topical chloramphenicol plus systemic non-quinolones increases the risk of ototoxicity and hearing loss (NNH\* 2–5).

\* NNH = number needed to treat to cause harm in one individual.

**Caveat** The outcome measured here is reduction in ear discharge. Little is known about longer term outcomes such as persisting dry ear, preventing complications, healing the eardrum and improved hearing.

**Context** CSOM is a common cause of preventable hearing impairment, particularly in low and middle-income countries. Aural toilet was usually only done once before starting treatment.

**Cochrane Systematic Review** Macfadyen CA, et al. *Systemic antibiotics versus topical treatments for chronically discharging ears with underlying eardrum perforations*. 2006, Issue 1, Art. No.: CD005608.

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