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Case Report

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Severe Bilateral Otitis Externa was the First Manifestation of Newly Diagnosed Diabetes Mellitus, Case Report

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Introduction

Otitis externa may be restricted to one section or comprise the entire ear canal. The major etiological factors are bacteria, fungi and viruses. Skin injuries caused by cleaning the ear, skin maceration secondary to chronic discharge from the ear, rare causes of the otitis externa also include foreign bodies inserted into the ear for fun and curiosity. Usually, otitis externa affects one ear and the presence of bilateral and severe otitis externa should raise suspicion of a systemic disease like diabetes, and immunodeficiency disorders predispose to the infection development.

Case Study

42-year-old female presented to ENT clinic with a 5 days history of bilateral severe ear pain accompanied by hearing loss and mild discharge, she received oral antibiotic (amoxicillin-clavulanic acid) for the last 3 days without any improvement. She is a mother of 3 kids with no significant past medical history except for gestational diabetes in her last pregnancy and denied receiving any medication regularly.

No past surgical history
No history of ear trauma or water exposure
Physical examination revealed:
A female in a good general condition, morbidity obese (BMI =36) and had no fever.

Ear examination revealed
bilateral pinna extremely painful on distraction with positive tragal sign, both EAC were severely edematous and erythematous so tympanic membrane could not be visualized, copious purulent discharge (sample sent for C&S) then ear toilet done under microscope and otowicks inserted bilaterally to facilitate the delivery of local ear drop. An empirical antimicrobial treatment (ciprofloxacin hydrocortisone ED plus ciprofloxacin 500 mg BID) were started.

2 days later, the otowicks removed. Edema of the ear canals markedly subsided.
The result of C&S revealed heavy growth of pseudomonas aeruginosa that was sensitive to ciprofloxacin, so patient was advised to continue the antibiotic course with dry ears precautions.

Due to the severity of infection and its presence bilaterally inn addition to another risk factors for DM (obesity, gestational DM) lab investigations were ordered in the initial visit.
The results of the laboratory tests were normal (Table).

WBC	RBC	HGB	HCT	LYMPH	NEUT	OB	CRP
8.1 thous	4.46 min	12.5 g/dl	37.5%	51.9%	38.6%	11 mm/h	<0.5 mg/dl

Except for elevated RBS = 18 and Hb1ac = 8 so patient referred to endocrinologist to control her diabetic.

Conclusion

The patient with severe inflammation of both ear canals that did not respond to initial medical treatment with the presence of other risk factors (obesity, gestational DM) should raise the suspicion of possible. Systemic disease like diabetes that predispose to the infection development.

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