

Ear Foreign Body: Tackling The Uncommons

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Dear Editor,

I read with great interest on the paper by Chiun KC et al regarding a five-year review of ENT foreign bodies in Sarawak General Hospital¹. Those encounters, though look common yet only few review available in literature. Such audit is of great importance to general practitioners, family physicians and ENT medical officers as front liners who are facing the complaints in their daily routine.

As enumerated by the authors, ear foreign bodies were the commonest among all. Besides FB in pharynx which is related to eating habit, ear FB also showed higher numbers of incidents relatively in all age groups. This observation especially in adults is mostly related to the habit of instrumental digging of the ear canals to relieve itchiness. Cotton buds are the commonest tool used as seen in our practice.

However interestingly in the series there were no cotton bud FB found.¹ As compared to our annual audit for ear FB in our centre Hospital Universiti Sains Malaysia; cotton bud was found to be the among the commonest (18.1%) ear FB in adults².

Many of the patients are thinking that regular use of cotton buds is the best way to 'clean' the ear. Most of them will end up in the clinic with hard impacted wax as a result of chronically pushing the externally formed wax into deeper end of the ear canal. Conductive hearing loss will prevail. Not uncommonly the condition will be complicated with tinnitus and vertigo. Thus, it is very important to educate the public that the widely practiced 'cleaning' the ear with cotton bud is actually harmful to them.

The other interesting point to note was the bilateral ear FBs which was found in seven cases¹. The condition though very uncommon should be suspected in cases especially children and mentally challenged patients³. Our observation in the year 2010 showed that 4 cases were having bilateral ear FBs. Thus, it is very crucial for the attending doctors to examine both ears even the complaint is unilateral symptoms.

Based on criteria used by American Family Physician (with Strength of Recommendation Taxonomy (SORT) grade C), all ear FB cases should be referred to ENT specialty for removal except for only those which is directly visible and 'graspable'⁴. Having said that, if failure of initial attempt is anticipated especially in children, subspecialty referral with no previous attempt is the best. This is to avoid physical trauma to the ear canal and more importantly emotional trauma to the children.

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