

9. OTOMYCOSIS: SYMPTOMS, CAUSES AND TREATMENT



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Introduction. Otomycosis is an isolated fungal infection of the external acoustic meatus. The causative strains that form biofilm inside the ear canal are mostly *Aspergillus* and *Candida*. Fungal external otitis has a worldwide distribution ranging from 9% to 30%.

Aim of study. This comprehensive review aims to create awareness about otomycosis and its management.

Methods and materials. This review is based on articles that were published during the last 5 years from the databases: PubMed, Medscape, NCBI, NIH. The keywords used are ‘otomycosis’, ‘fungal infections of external auditory canal’, ‘antifungal treatment of otomycosis’.

Results. Various predisposing factors may increase susceptibility of developing otomycosis, including heat, humidity, a history of ear surgical procedures, bacterial infections, immunosuppressive diseases, poor personal hygiene, etc. Fungal ear infection is usually unilateral with patients complaining of severe itching, aural discharge, otalgia, ear fullness, hearing loss and tinnitus. Examination of the ear canal is usually done through otoscopy and biomicroscopy, while confirmation is obtained through mycological exams. Treatment selection including the choice of antimycotics and method of application, should be based on specific fungal causative agents. Antifungal should be advised after antifungal sensitivity test. Suction evacuation and proper cleaning is the first step of treatment and dryness of the ear should be maintained. Topical therapy with antifungal or other antimicrobial agents is also necessary. Overall antifungals from the azoles class such as clotrimazole, fluconazole, ketoconazole and miconazole are more effective, followed by nystatin.

Conclusion. Otomycosis presents as a challenging disease for its long-term treatment and follow up, yet its recurrence rate remains high. Empirical therapy of treatment should be avoided and should maintain proper self-hygiene to avoid complications.