

Aural (Ear) Polyps

This is a guide to the management of aural polyps. As with all guidance it simplifies the problem and should always be supplemented by other reading on anatomy and pathophysiology. Its purpose is to give you guidance only – it is not a set of unchangeable rules.

In general aural polyps arise from an area of infection in mucosa, skin or bone. Very rarely they are malignant. Your treatment should be aimed at reducing the size of the polyp and identifying where it has come from and what the diagnosis is. Examples of possible diagnoses are: perforated drum with middle ear polyp, cholesteatoma, malignant otitis externa and foreign body.

Some polyps cannot be treated simply in clinic and these you should refer for examination under anaesthetic if possible.

The principles of polyp management are simple:

1. Take a careful history and do a thorough examination
2. Clean the ear of all pus and debris (never pull on a polyp if you don't know what it is attached to)
3. Use medication to shrink the polyp (see below)
4. Review the patient and repeat the steps above until the polyp has gone and the diagnosis is made
5. Continue to treat the underlying diagnosis if possible or refer for surgery

The medications that you use will depend upon local availability and the advice below is based upon drugs available at the time of writing. No silver nitrate solution or sticks can be found and the advice uses drugs only.

Small Polyps.

If you can easily see the eardrum then the polyp is probably small. In this case you can use an antibiotic drop mixed with steroid for management. Polydexa drops are appropriate. Use for seven days then review the patient to see whether the polyp has shrunk and diagnose the underlying condition if not already known

Large polyps.

These fill the ear canal and you cannot see past them to diagnose their cause. In this case drops are less likely to be successful. Use a Gentamicin, steroid and clotrimazole cream in this situation. Place it all around the polyp and medial to it if you can. Review in seven days to see if it has shrunk. If it has you can swap to polydexa, if it hasn't repeat the cream treatment.

Aural (Ear) Polyps

Full history and examination in all cases

Large polyp

Aural toilet

Gentamicin / steroid / clotrimazole
cream placed in ear for 7 days

Polyp still present?

No

Follow up or
discharge

Yes

No
change

Smaller

Small Polyp

Aural Toilet

Polydexa drops for 7 days

Polyp still present?

No

Follow up or
discharge

Yes

Return to
top

If the polyp doesn't get smaller after a few cycles of the protocol the patient requires surgery

Consider referral for underlying disease e.g tympanoplasty or mastoidectomy especially if this is a recurring problem