

## World Congress on INFECTIOUS AND CONTAGIOUS DISEASE CONFERENCE

May 17-18, 2022 | Webinar

**Chronic Otitis Externa in a Child with ASPERGILLUS NIGER Otomycosis****Christoffel Johannes Opperman***National Health Laboratory Service, Cape Town, South Africa*

A 5-Year old girl presented with a 5-month history of foul-smelling otorrhea and right ear otalgia at a tertiary hospital ENT clinic. Symptoms did not resolve despite two co-amoxiclav courses and a six-week course of ciprofloxacin ear drops. The child was systemically well, afebrile, with no significant illness or ear trauma history. Furthermore, the patient was not immunocompromised, and screening for the human immunodeficiency virus was negative. Blood and pus were noted in the right external auditory canal on otoscopic examination in the outpatient department. A pus swab was collected for culture during this examination. Aural toilet was not tolerated in the clinic, and the child was booked for theatre to examine the ear under anesthesia. In theatre, right ear findings included a cotton-wool-like foreign body in the external auditory canal and an intact tympanic membrane with prominent pus and debris. Only wax was visible in the left ear. Both ears were cleaned, but no sample was submitted from theatre. The child was discharged on another two weeks of ciprofloxacin eardrops for a total of eight weeks using the fluoroquinolone. During the six-week follow-up visit, no discharge was noted with no specific treatment for *Aspergillus niger* that was cultured during the initial clinic visit. Two months later, grommets were inserted.

This case report highlights that the diagnosis and treatment of otomycosis require a high index of suspicion in refractory cases of otorrhea. That a well-collected pus swab can be very valuable in chronic otorrhea cases. Clotrimazole cream is an option for treating non-invasive *Aspergillus niger* otomycosis in conjunction with ear cleaning. The importance of discontinuing antibacterial therapy in the treatment of otomycosis and that invasive cases (mastoiditis or cerebral mycosis) should be discussed with a microbiologist or infectious diseases specialist for systemic therapy.

**Biography**

Dr. Opperman is a pathologist at the National Health Laboratory Service (NHLS), Green Point Tuberculosis laboratory, Cape Town, South Africa. He currently oversees 45,000-60,000 TB laboratory-related investigations per month. His specialist training was completed in the Division of Medical Microbiology at the University of Cape Town, Groote Schuur Hospital, Cape Town, where he is actively involved in undergraduate and postgraduate teaching. He has an additional background in molecular biology, interested in disease outbreaks and diagnostic stewardship. Finally, he is enrolled in a PhD investigating Non-Mycobacterium Tuberculosis.