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What to look for during otoscopy?

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Introduction:

Otoscopy is a procedure which is used to examine the external auditory canal and tympanic membrane. This is a very crucial part of clinical examination in otology. The external auditory canal is not a straight tube. It shows two crucial angulations 1:

1. Outer third of external auditory canal which is formed of cartilage is directed postero superiorly.
2. Inner two thirds of external auditory canal is bony and is directed antero inferiorly.

As a whole the external auditory canal measures about 2.5 cms 2.

The external auditory canal is not in a straight line. The aural speculum when introduced straightens the external canal thereby helps in better visualization of the ear drum. Appropriate sized aural speculum should be chosen in order to minimize patient's discomfort. Disposable aural speculum is preferable.

The following points should be noted while performing otoscopy:

1. Status of external auditory canal skin. (Normal / thickened / weepy)

2. Presence of flakes in the external canal (Could mean desquamated epithelium / fungal flakes)

3. Presence of narrowing (stenosis) of external canal

4. Presence of cerumen / discharge / blood / foreign body in the external canal

5. Presence of masses arising from bony portion of external canal - exostosis / osteoma. If present whether single / multiple 3.

6. Whether the ear drum is visible in its entirety?

7. Is the ear drum intact?

8. What is the color of the drum? Normal drum is pearly white in color.

9. Is cone of light visible in the antero inferior quadrant of the pars tensa? The cone of light is actually a reflection of light due to the angulation of the ear drum with that of external auditory canal. This cone of light is triangular in shape, with its apex pointing towards the umbo and the base towards the antero inferior quadrant of the ear drum.

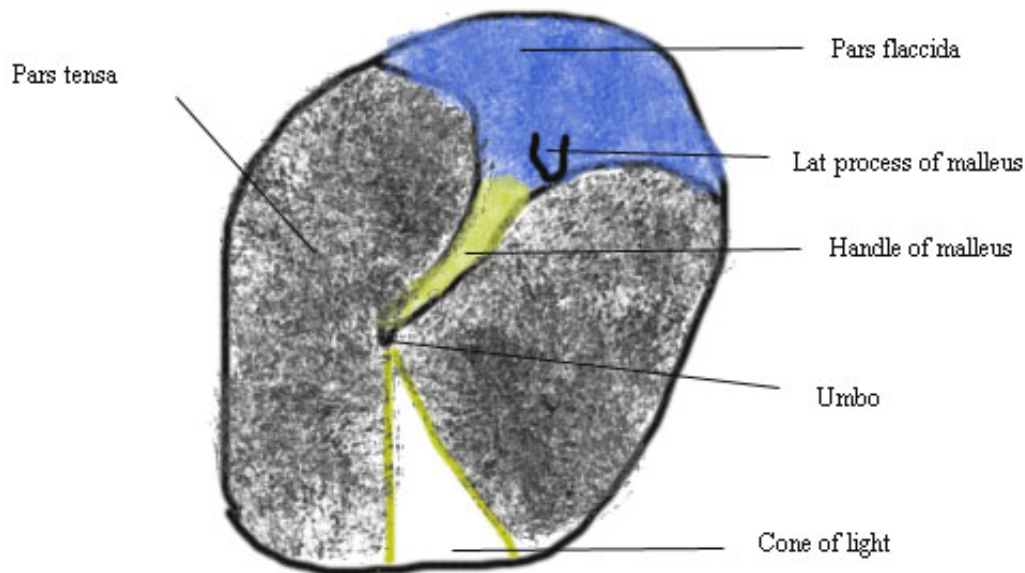


Figure showing ear drum with its components

Cone of light is distorted in 4:

1. Acute otitis media because of the bulging ear drum
2. Adhesive otitis media because the ear drum is retracted
3. Secretory otitis media
4. When there is perforation the quadrants involved by the perforation should be mentioned. It should not be described in numerics.



Image showing retracted ear drum

Retracted drum can be identified by the following features:

1. Distortion of cone of light
2. Prominent handle of malleus
3. Impaired /loss of mobility on siegelization
4. Presence of retraction pockets

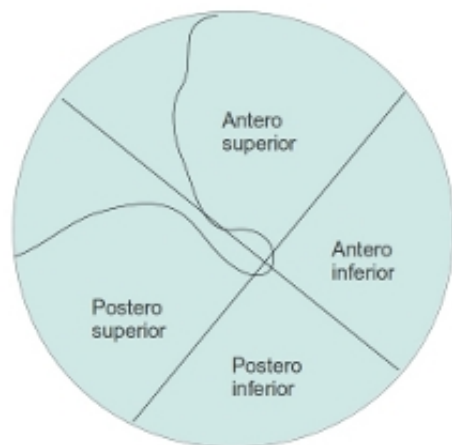


Figure showing the quadrants of ear drum

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