HISTORY OF Earache/Otalgia

Are there associated ear symptoms?
E.g. itching, discharge, deafness?

Examine the ear

abnormal → Manage the ear condition (see 'Ear guidelines')

normal ↓

Is this referred otalgia ?

Referred otalgia may be felt TRULY IN THE EAR, not necessarily in front of, behind or below the ear

Whilst up to 50% of patients presenting with otalgia will have a referred cause, of those with normal ear examination, almost all are due to some non-ENT referred cause.
IF THE EAR LOOKS NORMAL, IT IS NORMAL!

Explain, and ask the patient; they may identify the source for you.
Ask focused questions and **examine these areas:**

Source *The ear has input from all these nerves.*	**Examine**	**Features suggestive**	**Pathway**
C2 & C3	**THE NECK** Neck movements. Tenderness.	Aware of neck stiffness or discomfort? Limited range of movement of neck?	MSK management.
V	**THE MOUTH AND TEETH TMJ** Jaw opening. Tenderness of the TM joint.	Pain on chewing - TMJ dysfunction? Teeth sensitivity, pain on palpation/biting - dental pathology? (A sino-nasal tumour or infection would give facial pain and other signs, not isolated otalgia)	General dentist or oral surgery opinion.
VII	The facial nerve is an **uncommon cause** of referred otalgia, but herpes zoster may cause otalgia acutely before onset of vesicles and facial palsy.		
IX & X	**THE OROPHARYNX** Palpate the neck.	Sore throat, pain on swallowing, dysphagia. Other risk factors: age, smoking, weight loss, neck lump.	Refer to ENT/H&N 2WW if meets criteria.
Neuralgia	EXAMINATION OF EAR, NOSE, THROAT (OROPHARYNX) AND NECK (soft tissues and cervical spine) will be normal.	The nature of pain may raise suspicion. Is it associated with headache? This is inevitably a diagnosis of exclusion. **H&N MRI is needed to exclude pathology.**	Treat as for neuralgia, see pain clinic and neurology guidance.

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- GP Sifter Dr Laura Vines
- Contributors Venkat Reddy, RCHT ENT Consultant
  David Whinny, RCHT ENT Consultant
  Aileen Lambert, RCHT ENT Consultant
  Scott Mitchell, RCHT ENT Consultant