ALGORITHM 7: MANAGEMENT Chronic Suppurative Otitis Media (CSOM)

- Discuss treatment options for chronic middle ear discharge with family
- Emphasise need for long-term regular dry-mopping followed by antibiotic drops

REGULAR TREATMENT NOT POSSIBLE

- Refer for ENT assessment (Cholesteatoma is another cause of persistent discharge. It can be excluded by an ENT assessment)
- Refer for a hearing assessment
- Monitor listening behaviour for signs of hearing loss

REGULAR TREATMENT POSSIBLE

- *Ciprofloxacin* 2 to 5 drops 2-4 times a day after dry mopping or syringing
- Continue until ear dry for at least 3 days (this may require prolonged periods of treatment)
- Advise to keep ear as dry as possible
- Review weekly

MIDDLE EAR STILL DISCHARGING AFTER 4 MONTHS

- *Ciprofloxacin* 2 to 5 drops 2-4 times a day after dry mopping or syringing
- Continue until ear dry for at least 3 days (this may require prolonged periods of treatment)
- Advise to keep ear as dry as possible
- Review weekly
- Refer for ENT assessment
- Refer for a hearing assessment

MIDDLE EAR DRY

- Dry Perforation (see algorithm 8)

Persistent CSOM (after 4 months of treatment)

- Add oral *trimethoprim / sulfamethoxazole* dose (8 mg / kg 2 times a day for 6-12 weeks) if perforation size becomes too small for drops
- Consider hospital admission for IV or IM treatment
- Review weekly
- Refer for ENT assessment
- Refer for a hearing assessment

Hearing Loss

- Hearing Loss **<20 dB** in the better ear
- Hearing Loss **21 - 30 dB** in the better ear
- Hearing Loss **>30 dB** in the better ear

**Normal hearing or slight hearing loss**
- Continue to review regularly

**Mild hearing loss**
- Use and recommend strategies to improve quality of communication
- Ensure ongoing audiological, language and educational support
- Continue to review monthly
- If school age, recommend classroom amplification
- Refer for speech therapy if concerned about language development

**Moderate hearing loss**
- Use and recommend strategies to improve quality of communication
- Ensure ongoing audiological, language and educational support
- Continue to review monthly
- Refer for hearing aid consult if surgery delayed >6 months, unavailable or unsuccessful, and hearing loss >30 dB in the better ear
- If school age, recommend classroom amplification
- Refer for speech therapy if concerned about language development