

# Swimmer's Ear

Swimmer's ear is inflammation, irritation, or infection of the outer ear and ear canal. The medical term for swimmer's ear is otitis externa.

Swimmer's ear may be [acute](#) or chronic.

## Causes, incidence, and risk factors

Swimmer's ear is fairly common, especially among teenagers and young adults. It is occasionally associated with [middle ear infection](#) (otitis media) or upper respiratory infections such as [colds](#).

Swimming in polluted water can lead to swimmer's ear. Water-loving bacteria such as Pseudomonas, as well as other bacteria or fungi (in rare cases), can cause ear infections.

Other causes of swimmer's ear include:

- Inflammation and irritation of the bone and tissues at the bottom of the skull (malignant otitis externa)
- Scratching the ear or inside the ear
- Getting something stuck in the ear

Trying to clean wax from the ear canal, especially with cotton swabs or small objects, can irritate or damage the skin.

Long-term (chronic) swimmer's ear may be due to:

- Allergic reaction to something placed in the ear
- Chronic skin conditions such as eczema or psoriasis

## Symptoms

- Drainage from the ear -- yellow, yellow-green, pus-like, or foul smelling
- [Ear pain](#), which may get worse when you pull on the outer ear
- Hearing loss
- Itching of the ear or ear canal

## Signs and tests

The doctor will perform a physical exam, which includes looking inside the ears. The ear, including the ear canal, appears red and swollen. The skin inside the ear canal may be scaly or shedding.

Touching or moving the outer ear increases the pain. The eardrum may be difficult for the doctor to see because of a swelling in the outer ear. Or, the eardrum may have a hole in it. This is called a perforation.

The doctor may take a sample of fluid from the ear and send it to a lab so any bacteria or fungus can be identified.

## Treatment

Ear drops containing antibiotics are typically given, usually for 10 to 14 days. If the ear canal is very swollen, a wick may be applied in the ear to allow the drops to travel to the end of the canal. Your doctor or nurse can show you how to do this.

Other treatments may include:

- Antibiotics taken by mouth if you have a middle ear infection or infection that spreads beyond the ear
- Corticosteroids to reduce itching and inflammation
- Pain medication, such as [acetaminophen](#) (Tylenol) or [ibuprofen](#) (Advil, Motrin)
- Vinegar (acetic acid) ear drops

People with chronic swimmer's ear may need long-term or repeated treatments to avoid complications.

Placing something warm against the ears may reduce pain.

## Expectations (prognosis)

When treated properly, swimmer's ear usually gets better.

## Complications

The infection may spread to other areas around the ear, including the skull bone. In elderly people or those who have diabetes, a severe infection called malignant otitis externa is a possibility. Malignant otitis externa is treated with high-dose antibiotics given through a vein.

## Calling your health care provider

Call for an appointment with your health care provider if:

- You develop any symptoms of swimmer's ear
- You notice any drainage coming from your ears
- Your symptoms get worse or continue despite treatment
- You have new symptoms, such as fever or pain and redness of the skull behind the ear

## Prevention

Protect ears from further damage.

- Do not scratch the ears or insert cotton swabs or other objects in the ears.
- Keep ears clean and dry, and do not let water enter the ears when showering, shampooing, or bathing.
- Dry the ear thoroughly after exposure to moisture.
- Avoid swimming in polluted water.

- Use earplugs when swimming.
- Consider mixing 1 drop of alcohol with 1 drop of white vinegar and placing the mixture into the ears after they get wet. The alcohol and acid in the vinegar help prevent bacterial growth.