Impacted cerumen or something else?

During my preceptorship, I (PK) encountered a 67-year-old cattle rancher with a month-long history of right ear pain, right-sided headaches, hearing loss, and occasional dizziness. He’d seen 2 other physicians on separate occasions who had prescribed antibiotics and ear drops for cerumen removal, yet his symptoms persisted. A computed tomography (CT) scan was normal.

When I examined the patient, his right inner ear canal showed a white, crusting exudate condensed in the tympanic membrane area. I inserted the otoscope farther into the canal and observed a single insect leg sticking out from the grey mass. A resident used the otoscope and forceps to extract the live specimen intact. It was identified as an Otobius tick.

Despite having a tick in his ear canal for more than a month, the patient was doing well at his 2-week follow-up appointment and showed no signs of tick-borne illness. The appearance of the tick had closely resembled impacted cerumen, which had led to delayed diagnosis and an unnecessary CT scan.

A careful otic exam was paramount, because directly viewing the insect’s extremity was the key to diagnosis.

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Intimate partner violence: Screen others, besides heterosexual women

We were happy to learn in “Time to routinely screen for intimate partner violence?” (PURLs. J Fam Pract. 2013;62:90-92) that the US Preventive Services Task Force (USPSTF) agrees with the Institute of Medicine (IOM) that all women of childbearing age should be screened for intimate partner violence (IPV).1 Although the USPSTF recommendation comes 2 years after that of the IOM, it is truly better late than never.

Two populations with known IPV issues require special consideration: lesbian, gay, bisexual, transgender (LGBT) patients and heterosexual men. The rate of IPV is higher in the LGBT population than in heterosexual and women cohabitating with their partners.2 Despite high rates of IPV within the LGBT population, women in this group frequently are overlooked for IPV screening.2

We must remember to screen men in heterosexual relationships, as well. In 2000, the National Violence Against Women survey found that 7% of men reported having experienced IPV in their lifetime.2 Given this data, we believe that all patients ages 14 years and older—regardless of gender or sexual orientation—should be screened for IPV. This would be a much-needed step towards addressing a major public health problem.

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