Photo Quiz

(For answer and discussion, see page 2544 in this issue [[doi:10.1128/JCM.00498-12](https://doi.org/10.1128/JCM.00498-12)])

A 19-Year-Old Male with a 3-Day History of Congestion and Ear Pain

FIG 1 Calcofluor white stain (BactiDrop calcofluor white; Remel, Lenexa, KS) external auditory canal debris. Total magnification, $\times 400$.

An otherwise healthy, well-nourished 19-year-old male presented to his primary-care physician with a 3-day history of congestion and ear pain. The patient's past medical history was significant for recurrent tonsillar hypertrophy and severe snoring, for which a tonsillectomy procedure was imminent. The patient also carried a diagnosis of psoriasis affecting his elbows, knees, abdomen, and frontal scalp and both of his ears. The patient was a university student; other social and family history was noncontributory. Past therapeutic interventions included 2% mupirocin ointment for management of the psoriasis and daily ibuprofen for the past 13 months for alleviation of symptoms secondary to tonsillar hypertrophy.

Physical examination initially revealed bulging and mild erythema of the right ear. His sinuses were swollen with congestion and erythematous mucosa. The patient was treated with a 10-day course of oral amoxicillin and a 5-day regimen of otic neomycin-polymyxin drops, with instructions to return if the symptoms worsened. The patient returned 4 weeks later with complaints of pain and difficulty hearing from the same ear. Examination revealed what was considered to be either a spongy wax combination or a discharge secondary to flaking from his psoriasis. The ear was irrigated, and the patient was started on 10-day and 7-day

courses of amoxicillin-clavulanic acid and otic ciprofloxacin-hydrocortisone drops, respectively. Two days later, the patient reported worsening pain. Purulent and bloody drainage prompted consultation by an otorhinolaryngology specialist. The subsequent examination was remarkable for thick filamentous debris that was suctioned from the edematous and erythematous external auditory canal. A preliminary diagnosis was made on the basis of a calcofluor white-stained direct preparation of primary clinical material ([Fig. 1](#)).

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