dehiscence. Hearing loss with otorrhea is most likely due to chronic otitis media or cholesteatoma.

TABLE 34-3 Signs and Symptoms Suggestive of Hearing Loss

Saying "huh" a great deal
Reduced clarity of hearing
Difficulty understanding conversations in background noise
Family complaining of hearing loss
Tinnitus
Turning the volume up on radio or television
Sensitivity to noises
Fullness in the ear
Avoiding social settings

Examination should include the auricle, external ear canal, and tympanic membrane. In the elderly, the external ear canal is often dry and fragile; it is preferable to clean cerumen with wall-mounted suction or cerumen loops and to avoid irrigation. Irrigation should also be avoided when a tympanic membrane perforation is present or the integrity of the eardrum cannot be established. In examining the eardrum, the topography of the tympanic membrane is more important than the presence or absence of the light reflex. In addition to the pars tensa (the lower two-thirds of the tympanic membrane), the pars flaccida (upper one-third of the tympanic membrane) above the short process of the malleus should also be examined for retraction pockets that may be evidence of chronic Eustachian tube dysfunction or cholesteatoma. Insufflation of the ear canal is necessary to assess tympanic membrane mobility and compliance. Careful inspection of the nose, nasopharynx, and upper respiratory tract is important. Unilateral serous effusion or unexplained otalgia should prompt a fiberoptic examination of the nasopharynx and larynx to exclude neoplasms. Cranial nerves should be evaluated with special attention to facial and trigeminal nerves, which are commonly affected with tumors involving the cerebellopontine angle.