
Letters to the Editor

In Reference to Tacrolimus: A New Option in Therapy-Resistant Chronic External Otitis

Dear Editor:

We read with great interest the paper by Phillip P. Caffier, et al. entitled "Tacrolimus: a new option in therapy-resistant chronic external otitis."¹ In this paper, the authors report the role and efficacy of tacrolimus in the treatment of therapy-resistant chronic external otitis in 53 patients. Literature on this treatment is scarce. As noted by the authors, external otitis (EO) is one of the most frequent and painful diseases in otorhinolaryngologic practice worldwide.²

In the majority of cases, EO is a nonspecific diffuse inflammation of bacterial, viral, mycotic, or allergic origin. Eczematous integument changes of the acoustic meatus have an important role to play in an individual's predisposition.³ The standard therapy consists of a local application of corticosteroids, antibiotics, or antimycotics,⁴ but some patients continue to have symptoms despite treatment. Various medications are used for the treatment of therapy-resistant chronic external otitis without consensus in the literature. For this reason, this study is important as it shows the efficacy of tacrolimus in treatment.

Assessing the severity of pruritus is difficult because of its subjective nature. A questionnaire that takes into account how the symptom is perceived by the patient may provide a more accurate representation of the pruritus. It is difficult to evaluate the severity of symptoms because there is no known scale to measure the severity. In this study, the authors reported that they have measured the severity of symptoms on a score of 1 to 6, and the analysis of the efficacy of the treatment is according to this score. But there is no detailed information or any reference about the score. We think that in such a study, one should use more objective criteria to measure the severity. There are various new itch severity questionnaires in the literature. For example, a modified itch severity scale could be used that consists of more objective criteria such as health-related quality of life scores.^{5,6}

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In Reply:

The aim of our pilot study¹ was to evaluate initial treatment experience and the efficacy of local immunomodulating tacrolimus application in the external auditory canal in chronic, uninfected, and otherwise therapy-resistant external otitis (EO). Regarding clinical symptomatology, pruritus is a challenging problem that can profoundly affect quality of life. It torments the patient and causes discomfort, sleep and concentration difficulties, stress, and constant concern. In EO, the urge to scratch leads to manipulation of the outer ear canal and supports bacterial superinfection and the relapsing character of the disease.

To our knowledge, though the methods of pruritus assessment have been improved, it is still not possible to objectively assess and interindividually compare all of the attributes of itching. For example, how severe is one patient's pruritus? And is this severity the same in other individuals? Do subjects with severe excoriations suffer more than a patient who scratches less but reports high itch intensity? These are complex questions with no clear answers, since a multitude of influencing and modulating factors at peripheral, spinal, and supraspinal levels must be considered.

Regarding methodology, our study does not primarily address the issues of quality of life or objective assessment of pruritus, but concentrates on an easy to handle, informative score for clinical evaluation of several inflammatory parameters of the external ear canal. A structured findings sheet served to acquire and compare the pre- and posttherapeutic data. It was standardized for clinical symptom quantification by means of a 6-point score