THE PREVALENCE OF EAR WAX AMONG THE ELDERLY IN LOKOJA, NIGERIA

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ABSTRACT

Background: Wax impaction is a common problem in the elderly all over the world in the practice of otology. It is said that a third of the elderly ones has wax impacted in their ears. Making them uncomfortable to such an extent that they may go into a depressive state without others knowing it. Common symptoms include hearing loss, ear pain, dizziness, ear infection etc. No matter how simple the problem may appear to be, it is one great cause of elderly morbidity in our environment and so should be taken seriously.

Objective: To determine the prevalence of ear wax among the elderly and the most common method of wax removal in our environment.

Method: This was a five-year retrospective hospital base study, carried out at the O.R.L. Division of the Department of Surgery, Federal Medical Centre, Lokoja, Nigeria. Patients seen between January 2009 and December 2013 age 65years and above were recruited for the study. There were 170 males and 206 females who were clinically diagnosed of wax impaction. Patients’ case files were retrieved and required information extracted from them, studied and analyzed. Results presented in tables and text format

Result: Male to female ratio was 1:1.2, modal age of 70-74 years, wax prevalence of 3.8% and warm saline syringing was the commonest method of wax removal.

Conclusion: The prevalence of ear wax in the elderly is lower in our environment (3.8%) when compared to findings in other areas of the world. The disease is more common in women in their 8th decade of life.

Key words: Prevalence, Ear Wax, Elderly, Lokoja, Nigeria

1. INTRODUCTION

There are two types of wax depending on the individual’s genetic inheritance, the wet and dry wax. The wet wax is said to be commoner in Western Europe, Japanese and Americans while the dry wax is commoner in Asians, China and South Korea. (1) Burkhart et al reported that the wet wax consists of approximately 50% lipid and more likely to be impacted when it becomes hardened (2). It may be important to say that one just needed enough of it to keep the ear healthy. As too little or too much of it can cause infections or other diseases. (3) Common symptoms associated with wax impaction include conductive hearing loss, pain in the ear, tinnitus and vertigo. It is a common cause of hospital consultation at both the primary and secondary care level all over the world. Impacted wax can be treated either by warm saline irrigation of the external auditory canal after the application of wax softener or mechanically removed with a probe or by simple application of a ceruminolytic agent. (4)

2. MATERIAL AND METHOD

This is a five-year retrospective hospital base study that was carried out at the O.R.L. Division of the Department of Surgery, Federal Medical Centre, Lokoja, Nigeria. Patients seen between January 2009 and December 2013 above the age of 65years, that had impacted wax as their diagnosis were selected for the study. The Patients case files were retrieved from the Medical Health Records after due permission and required information extracted, studied and analyzed. Results presented in tables and text format.

3. RESULTS

The male to female ratio of 1:1.2 and the modal age 70-74 years (33.2%) for the studied population as shown in the table above. More females were affected than males probably because more females tend to live longer than males. Prevalence of impacted wax was found to be 14% in the entire population and 3.8% in the elderly. Warm saline syringing was the method most commonly employed in wax removal in our hospital (table II).
4. DISCUSSION

Ear wax was reported by Aremu et al (5) to be the commonest otological disease amongst the elderly in Nigeria and it accounted for 48.7% of otological diseases seen in patients attending O.R.L. clinic at Ilorin, Nigeria. Elsewhere, it is said to be responsible for frequent visitation to both the primary and secondary health institutions by the elderly ones, with a prevalent range of 7-34% (6). The low prevalence in this study may probably be due to low usage of the hospital facilities by the elderly ones. Hence an awareness program may be necessary to educate the people on the available health facilities. The problem is said to be commonest in the elderly, those using hearing aids and those who use cotton tipped applicators often to clean their ears (7). The economic effect and morbiditity are enormous, hence the need for appropriate management by those who are trained to do so. Mitka M. et al (8) and Afolabi et al (9) had shown that the incidence of self-ear-cleaning is high with such patients. This means that the patient realized there is a problem which they are trying to solve through self help, though not knowing how dangerous this may be to their health. Various harmful methods have been employed and the commonest is the use of cotton tipped applicators. A maneuver that may either push the wax further inside or cause tympanic membrane perforation or the wool get trapped in the external auditory canal requiring removal (10,11). This is however not to be encourage and should be condemned by all those who may come in contact with such patients. Many people may think that it is necessary for their ears to be totally free of wax. This should not be the case, since the wax has some useful functions such as lubrication, antibacterial and antifungal among others (12). It is quite important to have enough wax in the ear for these purposes.

Table 1. Age and Gender Distribution

<table>
<thead>
<tr>
<th>Age in Years</th>
<th>Frequency</th>
<th>%</th>
<th>Male</th>
<th>%</th>
<th>Female</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>65-69</td>
<td>85</td>
<td>22.6</td>
<td>47</td>
<td>12.5</td>
<td>38</td>
<td>10.1</td>
</tr>
<tr>
<td>70-74</td>
<td>125</td>
<td>33.2</td>
<td>42</td>
<td>11.2</td>
<td>83</td>
<td>22.0</td>
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<tr>
<td>75-79</td>
<td>77</td>
<td>20.5</td>
<td>40</td>
<td>10.6</td>
<td>37</td>
<td>9.9</td>
</tr>
<tr>
<td>80-84</td>
<td>79</td>
<td>21.0</td>
<td>37</td>
<td>9.8</td>
<td>42</td>
<td>11.2</td>
</tr>
<tr>
<td>85-89</td>
<td>10</td>
<td>2.7</td>
<td>4</td>
<td>1.1</td>
<td>6</td>
<td>1.6</td>
</tr>
<tr>
<td>Total</td>
<td>376</td>
<td>100</td>
<td>170</td>
<td>45.2</td>
<td>206</td>
<td>54.8</td>
</tr>
</tbody>
</table>

Table 2. Method of wax removal

<table>
<thead>
<tr>
<th>Method</th>
<th>Frequency</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cerumenolytic Agent</td>
<td>15</td>
<td>4.0</td>
</tr>
<tr>
<td>Warm saline syringing</td>
<td>319</td>
<td>84.8</td>
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<tr>
<td>With probe</td>
<td>42</td>
<td>11.2</td>
</tr>
<tr>
<td>Total</td>
<td>376</td>
<td>100</td>
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</tbody>
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REFERENCES