

# AFP Clinical Answers

## Otitis Media, COVID-19 and Hydroxychloroquine, Postoperative Pulmonary Risk, Hidradenitis Suppurativa

### How should otitis media be diagnosed and treated?

Acute otitis media should be diagnosed in symptomatic children with moderate to severe bulging of the tympanic membrane or new-onset otorrhea not caused by otitis externa, and in children with mild bulging and either recent-onset ear pain (less than 48 hours) or intense erythema of the tympanic membrane. Pneumatic otoscopy with or without tympanometry should be used to assess the tympanic membrane for effusion in patients with suspected acute otitis media. If antibiotics are used for acute otitis media, high-dose amoxicillin (80 to 90 mg per kg per day in two divided doses) is the first-line treatment. Consider observation for 48 to 72 hours with deferment of antibiotic therapy in children who are at lower risk. Pain should be treated as needed.

<https://www.aafp.org/afp/2019/0915/p350.html>

### Is hydroxychloroquine beneficial for patients with nonsevere COVID-19?

Hydroxychloroquine does not appear to work in severely ill patients; however, whether it is helpful earlier in the course of illness or in patients with less severe illness is unclear. One study enrolled 491 nonhospitalized patients in the United States and Canada with confirmed or probable COVID-19. Patients were randomized to hydroxychloroquine, 800 mg, followed by 600 mg six to eight hours later, and then 600 mg once daily for four additional days. The median age of patients was 40 years, 56% were women, 32% had a comorbidity, and 3% were Black. No differences were noted in overall symptom severity or the percentage of patients with symptoms between groups. Adverse effects were twice as common in the treatment group (43% vs. 22%,  $P < .001$ ), mostly gastrointestinal. The number of hospitalizations (12) and deaths (two) was small and did not differ between groups. The lack of diagnostic confirmation in most patients is concerning;

although, a second study with 293 patients with confirmed infection published in *Clinical Infectious Diseases* had similar results of no benefit.

<https://www.aafp.org/afp/dailybriefs.html>

### What is the best approach to evaluate postoperative pulmonary risk?

The incidence of pulmonary complications following major surgery is estimated to be 1% to 23%. The Pneumonia Risk Tool (<https://www.mdcalc.com/gupta-postoperative-pneumonia-risk>) and the Respiratory Failure Risk Tool (<https://www.mdcalc.com/gupta-postoperative-respiratory-failure-risk>) predict the risk of developing pneumonia and respiratory failure within 30 days of surgery.

<https://www.aafp.org/afp/2019/1015/p499.html>

### What treatments are effective for hidradenitis suppurativa?

Smoking cessation and weight loss should be encouraged to decrease disease severity and improve response to treatment. Topical clindamycin and oral tetracycline are effective for patients with mild to moderate hidradenitis suppurativa. Adalimumab (Humira) is effective for patients with moderate to severe hidradenitis suppurativa. Wide excision is the definitive treatment for severe hidradenitis with extensive involvement and scarring.

<https://www.aafp.org/afp/2019/1101/p562.html>

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