SYMPTOM

Ear discharge

Ear discharge is fluid, pus, blood, or other material coming from the ear canal.

WHAT IT FEELS LIKE
Fluid, pus, or blood leaking from the ear

WHERE IT IS FELT
Ear canal and outer ear

MOST COMMON CAUSES
Swimmer's ear, middle ear infection, irritated ear-canal skin

WHEN IT IS URGENT
Clear fluid after head injury, or swelling behind the ear

USUALLY LASTS
Hours to weeks, depending on the cause

SEE A DOCTOR IF
Discharge persists, recurs, smells bad, or affects hearing

Overview

Ear discharge means material is coming out of the ear canal. The medical term is otorrhea . It may be watery, cloudy, thick, bloody, or similar to softened earwax.

Discharge can come from the ear canal or from behind the eardrum. If the eardrum develops a hole, fluid from a middle ear infection may drain outward.

Many causes are treatable. However, discharge after a head injury or with swelling behind the ear needs urgent assessment.

What it may feel or look like

Discharge may be clear, yellow, green, white, brown, blood-stained, or unpleasant-smelling. Softened earwax is usually yellow, orange, or brown and feels oily or sticky.

Other symptoms may include:

A middle ear infection may cause pain and pressure before the eardrum develops a small hole. Pain may improve when fluid drains, but the ear should still be assessed.

- Ear pain, itching, pressure, or blockage
- Reduced or muffled hearing
- Tenderness when touching or moving the outer ear
- Fever or feeling unwell
- Ringing in the ear or dizziness
- Red, flaky, or swollen skin around the ear

Common causes

Common causes include swimmer's ear, middle ear infection, and irritated ear-canal skin.

Swimmer's ear is inflammation or infection of the ear canal. Water, scratching, cotton swabs, earbuds, or hearing aids can damage its protective skin. The ear may itch or hurt, especially when the outer ear is moved.

A middle ear infection can produce pus behind the eardrum. If pressure creates a small tear, discharge may appear. People with ventilation tubes, or grommets, may also have drainage during an infection.

Eczema and other skin conditions can cause flaky, weeping skin. Softened earwax may be mistaken for infected discharge.

Less common causes include fungal infection, an object in the ear, or eardrum damage after a loud noise, pressure change, or injury. A cholesteatoma can cause repeated, unpleasant-smelling discharge and gradual hearing loss. It is not cancer, but it can damage nearby structures and needs specialist treatment.

Urgent causes are uncommon. Clear or bloody fluid after a significant head injury may come from around the brain. Severe infection can spread into the bone behind the ear.

When to seek medical care

Go to an emergency department now if:

Seek same-day medical advice for redness, severe tenderness, or swelling behind the ear, especially if the ear appears pushed forward. Also get prompt help for severe or worsening pain, high fever, sudden major hearing loss, marked dizziness, or repeated vomiting.

Same-day assessment is important if you have diabetes or a weakened immune system with significant ear pain or discharge, because ear-canal infections can become more serious.

Book a routine appointment if discharge persists, returns, smells unpleasant, or affects hearing. Arrange an examination after any suspected eardrum injury, even if pain is mild.

- Clear, watery, or bloody fluid appears after a head injury
- A button battery may be inside the ear
- Discharge occurs with confusion, extreme drowsiness, a stiff neck, or severe headache
- You have new facial weakness or other stroke-like symptoms

How the cause is found

A clinician will ask when the discharge began, what it looks like, and about pain, itching, fever, hearing changes, dizziness, injury, or recent swimming. Mention ear surgery, ventilation tubes, hearing aids, diabetes, or immune system problems.

They will examine the outer ear and canal with an otoscope. Discharge may be gently removed so the canal and eardrum can be seen.

A sample may be tested if infection is severe, recurrent, or has not responded to treatment. Hearing tests may be arranged if hearing remains reduced. Scans are usually reserved for suspected injury, spreading infection, cholesteatoma, or another complication.

Treatment and self-care

Treatment depends on the cause. Ear-canal infections are often treated with prescription drops containing an antibiotic like amoxicillin or doxycycline , antifungal like fluconazole or terbinafine , or anti-inflammatory medicine. Middle ear infections may require different treatment.

A perforated eardrum often heals without a procedure, but it needs protection from water and follow-up if symptoms continue. A trapped object should be removed safely. Cholesteatoma requires specialist assessment and may need surgery.

Until the cause is clear:

Some drops can damage hearing if the eardrum has a hole or ventilation tube. For pain relief, follow the label on a suitable over-the-counter medicine or ask a pharmacist what is safe for you.

- Wipe discharge from the outer ear with clean gauze or tissue
- Keep water, shampoo, and soap out of the ear

- Avoid swimming
- Do not insert cotton swabs, fingers, or other objects
- Do not flush the ear
- Avoid non-prescribed ear drops unless a clinician confirms they are safe

What to expect

An uncomplicated ear-canal infection should begin improving with appropriate treatment, although itching or blockage may take longer to settle. Drainage from a middle ear infection usually stops as the infection and eardrum heal.

A small eardrum perforation may close over several weeks. Hearing often returns as swelling and fluid clear, but persistent hearing loss needs reassessment.

Return for follow-up if symptoms worsen, discharge continues after treatment, or it repeatedly returns. Recurrent foul-smelling discharge or gradual hearing loss may require specialist care.

Common questions

Is ear discharge always an infection?

No. It can also be softened wax, irritated skin, an injury, a foreign object, or fluid passing through a perforated eardrum.

Can I use over-the-counter ear drops?

Not until you know the eardrum is intact or a clinician confirms the drops are suitable. This is especially important after an injury, with ventilation tubes, or when discharge contains blood.

Can I go swimming?

Avoid swimming until the discharge has stopped and the cause has been assessed. Water can irritate the canal or enter the middle ear through a perforation.

Is ear discharge contagious?

The discharge itself is not usually contagious. However, a virus that caused a middle ear infection may spread through coughs, sneezes, or close contact.

Sources



- Ear Discharge - Merck Manual Consumer Version
- About Swimmer's Ear - US Centers for Disease Control and Prevention
- Clinical Practice Guideline: Acute Otitis Externa - American Academy of Otolaryngology-Head and Neck Surgery Foundation, Otolaryngology-Head and Neck Surgery , 2014
- Perforated eardrum - NHS
- Ear infections - NHS