SYMPTOM

Earache

Earache is pain or discomfort felt in or around one or both ears.

WHAT IT FEELS LIKE
Dull aching, sharp pain, pressure, or throbbing

WHERE IT IS FELT
Inside the ear or around its outer edges

MOST COMMON CAUSES
Ear infection, earwax buildup, jaw joint pain

WHEN IT IS URGENT
Sudden hearing loss or swelling behind the ear

USUALLY LASTS
Hours to days, depending on the underlying cause

SEE A DOCTOR IF
Pain lasts beyond three days or keeps returning

Overview

Earache means pain in or around one or both ears. It can begin suddenly or gradually.

The pain may come from the ear or be referred from the teeth, jaw, throat, or nearby nerves. Earache is common during colds and ear infections, but symptoms alone cannot identify the cause. Recent illness, swimming, air travel, injury, and hearing changes can provide useful clues.

What it may feel or look like

Ear pain may be mild or severe, steady or intermittent. You might notice:

Pain when pulling the outer ear or pressing the flap in front of the opening can occur with ear canal inflammation. Deeper pain may accompany a middle ear problem, although this distinction is not exact.

Young children may rub an ear, cry, sleep poorly, or have trouble feeding. Ear pulling alone does not prove there is an infection.

- A dull ache, sharp pain, burning, or throbbing

- Pressure, fullness, or a blocked sensation
- Itching or tenderness around the ear opening
- Muffled hearing, ringing, or popping
- Fluid, pus, or blood from the ear
- Dizziness, fever, headache, or feeling unwell

Common causes

Common causes

A middle ear infection can develop when fluid collects behind the eardrum, often during or after a cold. It may cause pain, fever, reduced hearing, or pressure.

An outer ear canal infection, or swimmer's ear, can follow swimming, skin irritation, or damage from cotton swabs. The canal may be itchy, swollen, or painful to touch.

Built-up earwax can cause pressure, ringing, discomfort, or reduced hearing. Jaw joint problems may cause pain near the ear, especially when chewing. Dental problems, throat infections, and inflamed tonsils can also cause referred pain.

Air-pressure changes during flying or diving may cause temporary pain or blockage.

Less common causes

A torn eardrum can follow infection, injury, a loud blast, or sudden pressure change. Pain may be followed by drainage or a change in hearing.

Other causes include an object in the ear, irritated skin, shingles, and ongoing inflammation. Persistent one-sided pain can occasionally come from elsewhere in the head or neck, particularly when the ear examination is normal.

Causes needing urgent assessment

Infection can rarely spread to the bone behind the ear. Severe pain, redness, or swelling behind the ear, especially if the ear sticks outward, needs prompt assessment.

A severe outer ear infection can spread into nearby tissue. This is particularly concerning in people with diabetes or a weakened immune system.

When to seek medical care

Seek same-day medical care for:

Go to an emergency department after a serious head injury if blood or clear fluid is leaking from the ear, or there is confusion, loss of consciousness, or another major injury.

Book a routine appointment if mild earache lasts longer than two to three days, keeps returning, or comes with gradual hearing changes. Persistent drainage, ringing, or pain when chewing also needs assessment.

Arrange prompt advice if a baby or young child seems unwell, has ongoing pain, or is not feeding normally.

- Sudden or rapidly worsening hearing loss
- Redness, marked tenderness, or swelling behind the ear
- Ear pain with facial weakness, severe dizziness, or repeated vomiting
- Discharge with significant pain or fever
- Severe or worsening pain, especially with diabetes or reduced immunity
- An object lodged in the ear, particularly a button battery

How the cause is found

A healthcare professional will ask when the pain began and about colds, fever, swimming, flying, injury, discharge, hearing changes, dental pain, and pain when chewing.

They will usually examine the canal and eardrum with an otoscope. They may also check behind the ear and examine the throat, teeth, jaw, and neck.

Hearing tests may help if hearing remains reduced. Tympanometry can assess how well the eardrum moves. Swabs or scans are usually reserved for severe, persistent, or unusual symptoms.

Treatment and self-care

Treatment depends on the cause. Antibiotics like amoxicillin or doxycycline are not needed for every ear infection. Treatment may include observation, antibiotic tablets, medicated ear drops, wax removal, or care for a dental or jaw problem.

For short-term comfort:

Do not use leftover prescription drops. Avoid oil, wax-removing products, or other drops if the ear is draining, contains a tube, or may have a torn eardrum unless a healthcare professional says they are suitable.

During pressure changes, swallowing, yawning, or chewing may help. Do not forcefully try to "pop" a painful or draining ear.

- Use paracetamol or ibuprofen if safe for you
- Follow the label and ask a pharmacist if unsure
- Hold a comfortably warm cloth against the outer ear
- Keep the ear dry if it is draining or the canal is inflamed
- Do not put cotton swabs, fingers, or other objects inside the ear

What to expect

Duration depends on the cause. Pressure discomfort may settle soon after flying or diving. Pain from a minor infection often improves within a few days, although blocked hearing from fluid can last longer.

Wax symptoms may improve after safe removal. Jaw or dental pain may continue until the underlying problem is treated.

Seek follow-up if treatment is not helping, symptoms worsen, or pain repeatedly returns. A sudden drop in hearing needs urgent assessment rather than home monitoring.

Common questions

Is earache contagious?

Earache itself is not contagious, but an associated cold or viral infection may spread.

Can I remove earwax myself?

Do not dig out wax with cotton swabs or tools, because they can push it deeper or injure the ear. A pharmacist can advise about wax-softening products. Seek advice first if there is drainage, previous eardrum surgery, an ear tube, or possible eardrum damage.

Can I swim with earache?

Keep the ear dry if you have discharge, canal inflammation, or pain after swimming. If you are receiving treatment, ask when it is safe to return to the water.

Why does my ear hurt when the examination is normal?

Pain may come from the jaw joint, teeth, throat, or nearby nerves. Persistent or recurring pain needs follow-up so these areas can be assessed.

Sources

- NHS. "Earache."
- National Institute on Deafness and Other Communication Disorders. "Sudden Deafness."
- Centers for Disease Control and Prevention. "Ear Infection Basics."
- American Academy of Otolaryngology-Head and Neck Surgery Foundation. "Clinical Practice Guideline: Acute Otitis Externa."
- American Academy of Otolaryngology-Head and Neck Surgery Foundation. "Clinical Practice Guideline: Earwax (Cerumen Impaction) Update."