

### Impacted cerumen or something else?

During my preceptorship, I (PK) encountered a 67-year-old cattle rancher with a month-long history of right ear pain, right-sided headaches, hearing loss, and occasional dizziness. He'd seen 2 other physicians on separate occasions who had prescribed antibiotics and ear drops for cerumen removal, yet his symptoms persisted.

A computed tomography (CT) scan was normal.

When I examined the patient, his right inner ear canal showed a white, crusting exudate condensed in the tympanic membrane area. I inserted the otoscope farther into the canal and observed a single insect leg sticking out from the grey mass. A resident used the otoscope and forceps to extract the live specimen intact. It was identified as an *Otobius* tick.

Despite having a tick in his ear canal for more than a month, the patient was doing well at his 2-week follow-up appointment and showed no signs of tick-borne illness. The appearance of the tick had closely resembled impacted cerumen, which had led to delayed diagnosis and an unnecessary CT scan.

A careful otic exam was paramount, because directly viewing the insect's extremity was the key to diagnosis.

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IMAGE COURTESY OF: MEAGHAN PINSLER



### Intimate partner violence: Screen others, besides heterosexual women

We were happy to learn in "Time to routinely screen for intimate partner violence?" (PURLs. *J Fam Pract.* 2013;62:90-92) that the US Preventive Services Task Force (USPSTF) agrees with the Institute of Medicine (IOM) that all women of childbearing age should be screened for intimate partner

violence (IPV).<sup>1</sup> Although the USPSTF recommendation comes 2 years after that of the IOM, it is truly better late than never.

Two populations with known IPV issues require special consideration: lesbian, gay, bisexual, transgender (LGBT) patients and heterosexual men. The rate of IPV is higher in the LGBT population than in heterosexual men and women cohabitating with their partners.<sup>2</sup> Despite high rates of IPV within the LGBT population, women in this group frequently are overlooked for IPV screening.<sup>2</sup>

We must remember to screen men in heterosexual relationships, as well. In 2000, the National Violence Against Women survey found that 7% of men reported having experienced IPV in their lifetime.<sup>2</sup> Given this data, we believe that all patients ages 14 years and older—regardless of gender or sexual orientation—should be screened for IPV. This would be a much-needed step towards addressing a major public health problem.

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1. Screening for intimate partner violence and abuse of elderly and vulnerable adults. US Preventive Services Task Force Web site. Available at: <http://www.uspreventiveservicestaskforce.org/uspstf/uspstfipv.htm>. Accessed September 16, 2013.

2. Artd KL, Makadon HJ. Addressing intimate partner violence in lesbian, gay, bisexual, and transgender patients. *J Gen Intern Med.* 2011;26:930-933.



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