

**Table 1. Characteristics of included studies**

Study	Participants (number, age, other important characteristics)	Comparison	Follow-up	Outcome measures	Comments	Risk of bias (per outcome measure)*
<i>Individual studies</i>						
Singh, 2018	<p>N at baseline</p> <p>Intervention: 10</p> <p>Control: 10</p> <p>Age</p> <p>Means not reported. 30% were in age group 40–60 years. 70% were in age group 60–80 years.</p> <p>Sex</p> <p>14 males, 6 females</p> <p>Relevant characteristic: Patients with refractory malignant necrotizing otitis externa; (no disease response after 6 weeks of oral ciprofloxacin).</p>	<p>Patients were randomized into two groups.</p> <p><b>Group A:</b> Patients received intravenous ceftazidime along with oral ciprofloxacin 750 mg twice daily and acetic acid washes three times a day.</p> <p><b>Group B:</b> Patients were started on oral ciprofloxacin 750 mg twice daily, combined with surgical intervention and regular postoperative care.</p> <p>The aim of the surgical treatment was:</p> <ol style="list-style-type: none"> <li>1. Local debridement of necrotic tissue.</li> <li>2. Abscess drainage and creation of a drainage route.</li> <li>3. Control of complications.</li> </ol>	Short follow-up (mean follow-up not described)	Remission	Type of study: RCT	Remission: High
Lambor, 2013	<p>N at baseline</p> <p>Intervention: 12</p> <p>Control: 15</p>	Intervention: Surgical intervention in addition to antibiotic treatment (see control)	4-6 months after discharge.	No statistical analysis was performed in this study.	Type of study: Retrospective cohort study	Remission: High

	<p><i>Age</i></p> <p>between 50 and 80 years</p> <p>(no mean)</p> <p><i>Sex</i></p> <p>22 males, 5 female</p>	<p>Control: 3–4 weeks of parenteral antibiotics (depending on the antibiotic sensitivity report) and the daily insertion of medicated (polymyxin B and neomycin sulphates ointment) wicks.</p>				
Freeman, 2023	<p>N at baseline</p> <p>Intervention: 12</p> <p>Control: 15</p> <p>Patients were treated with medical therapy with or without surgical intervention:</p> <ul style="list-style-type: none"> <li>- 5 with mastoidectomy + facial nerve decompression,</li> <li>- 5 with mastoidectomy alone,</li> <li>- 4 with medical management alone.</li> </ul>	<p>Intervention was surgery, further divided into two groups:</p> <ul style="list-style-type: none"> <li>- Mastoidectomy with debridement of the affected ear.</li> <li>- Transmastoid facial nerve decompression alongside surgical debridement of the affected ear.</li> </ul> <p>All patients received systemic antibiotics.</p> <p>Control: Systemic antibiotics only.</p>	<p>The median length of follow-up after the onset of facial palsy was 280 days.</p>	Survival,	Type of study: Retrospective cohort study	Survival: High

*\*For further details, see risk of bias table in the appendix*