



DERMATOLOGY:
Otitis Externa/Media

First step

The first thing to be discussed with the owner is that otitis externa is secondary to an underlying problem. Most of the cases in Michigan are associated with underlying food or environmental allergies.

Examination

Ear infections are accompanied by accumulation of wax and exudate in the vertical and horizontal canals and may progress to the middle ear. Ears with copious amounts of debris will need to be flushed prior to complete examination. In order to successfully treat and control re-occurrence of infection, the otic debris must be removed and kept from re-accumulation in the canal. Only by removal of this material will proper visualization of the tympanic membrane be possible to determine if otitis media is also present.

Treatment

Ear canals with ulcerations, hypertrophy, or hyperplasia often require anti-inflammatory doses of systemic glucocorticoids prior to ear flushing and/or examination. If after 3 weeks of treatment the ear canals are "open" then the flushing and examination can be performed. If after 3 weeks of steroid treatment the canals are still so stenotic to prevent adequate flushing and examination, then the patient should be considered a surgical candidate for ear canal ablation (TECABO).

Video otoscopy is the preferred method for cleaning. Warm sterile saline is flushed with an irrigation system. This results in a continuous flow system, which does an excellent job of cleaning the canal, and allows visualization at the fluid interface. A red rubber catheter is used for directed flushing. Large pieces of exudate, hair and foreign bodies are retrieved using a grasping forceps.

Once the vertical and horizontal ear canals are clean, the tympanic membrane is visualized. If the tympanic membrane is not intact, the middle ear is then flushed repeatedly with warm sterile saline to clean the middle ear and completely remove any residual ear cleanser.

If the tympanic membrane is intact and otitis media is suspected, a myringotomy is needed to obtain samples for cytology and bacterial C/S, and to flush the middle ear cavity.

Outcome

The normal tympanum has been shown experimentally to heal in 21 to 35 days. Therefore, if the ear is kept free from infection after the myringotomy procedure, the tympanic membrane should heal.

Expert:

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Dr. Schick completed his internship at Oradell Animal Hospital in New Jersey and a residency at the University of Pennsylvania. He is a full-time staff member at MVS and sees appointments at both MVS locations. Call him for questions and consultations on dermatological conditions at 248-354-6660.

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