

Management of Otic and Nasopharyngeal, and Nasal Polyps in Cats and Dogs

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KEYWORDS

• Polyps • Aural • Otic • Nasopharyngeal • Nasal • Cat • Dog

KEY POINTS

- Feline inflammatory polyps are benign growths, which usually arise from the tympanic cavity or the eustachian tube.
- Diagnosis is based on clinical signs, diagnostic imaging, and histopathology; both minimally invasive and surgical techniques for polyp removal are effective.
- Feline nasal hamartomas are benign lesions that arise from the native tissues of the nasal cavity; despite their expansile behavior, they have a good prognosis after surgical or endoscopic removal.
- Inflammatory polyps are extremely rare in dogs; different polypoid-like masses have been described in the middle ear and nasal cavity in dogs, but these lesions likely have a different tissue origin than cats, and the outcome after removal is less consistently successful.

FELINE INFLAMMATORY POLYPS

Introduction

Feline inflammatory polyps (FIPs) are the most common nonneoplastic pedunculated growths found in the ear canal or nasopharynx in cats. They are presumed to originate from the epithelial lining of the tympanic bulla (aural inflammatory polyps) or the auditory tube. When they originate from the auditory tube, they can grow into the tympanic cavity (middle ear polyps) or the nasopharynx (nasopharyngeal polyps) or, less frequently, in both directions. Bilateral polyps have been reported but are uncommon.^{1–14}

The cause of FIPs is still debated. It is unclear whether polyps are congenital in origin, or a response to an inflammatory process from chronic viral infection,

The authors have nothing to disclose.

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or a consequence of chronic middle ear and/or upper respiratory inflammation.^{2-4,7-10,14-21}

FIPs consist of a core of loosely arranged fibrovascular tissue covered by a stratified squamous or columnar epithelium. Inflammatory cells, primarily lymphocytes, plasma cells, and macrophages, are present within the stroma and are especially dense in the submucosal areas of the tissue. The mucosa is commonly ulcerated.^{2,7-9,14,19,20}

Presumptive diagnosis of FIPs is based on history and physical examination, supported by imaging and endoscopic evaluation, and is confirmed by histopathological examination of biopsy samples.^{7-10,13,14}

FIPs usually occur in young cats with an average age of 1.5 years, although they have been reported in cats of all ages.^{2,4,7-9,14,20} The authors have diagnosed FIPs in Maine coon siblings and in 2 Maine coon cats from the same bloodline but from different environmental settings. There is some suggestion that because FIPs have been diagnosed in siblings, they may have a congenital origin.²² FIPs in Maine coon cats might be inherited or congenital, or they might have a genetic predisposition to this condition.²²

Clinical signs are usually progressive and chronic in nature. Aural inflammatory polyps usually result in chronic otitis externa, with cats most often exhibiting head shaking and otorrhea. Otic discharge can vary from waxy to purulent in nature.^{9,13,14} When the polyp is visible within the ear canal, it has already protruded through a ruptured eardrum, and otitis media is frequently present.^{9,10,16,17,20,23} Neurologic alterations, such as Horner syndrome, head tilt, ataxia, nystagmus, circling, and facial paralysis, may also be observed with middle and inner ear involvement.^{2-5,7-11,13,14,16-20} The most common clinical signs in cats with nasopharyngeal polyps are nasal discharge, stertorous breathing, reverse sneezing, and sneezing.^{2-9,11,16-20}

Other signs and related conditions associated with inflammatory polyps, such as dysphagia, megaesophagus, regurgitation, pulmonary hypertension, polyp abscess, submandibular swelling, suppurative meningoencephalitis, and severe dyspnea, have been rarely reported.^{5,8,9,11,12,24-29}

Aural polyps can be seen on both conventional and video-otoscopy. In some cats, aural polyps can be directly seen protruding directly from the external ear canal.^{2,8-10,14,24}

Nasopharyngeal polyps can be confirmed on digital palpation of the nasopharynx, rostral traction of the soft palate, or retrograde rhinoscopy.^{2,7-9,14,20,24} Secondary otitis media is frequently present with nasopharyngeal polyps, because the mass occludes the auditory tube, resulting in mucous accumulation in the tympanic cavity.^{2,8-10,17,20,23}

Imaging

Conventional radiology

Radiographs can be used to identify a soft tissue mass in the nasopharynx and to evaluate loss of the air contrast of the external ear canal and thickening of the tympanic bullae; when these signs are present, they are specific for the diagnosis of middle ear disease.^{4,8,14,20,26,30-33} Nasopharyngeal polyps are usually observed on a standard lateral projection or obliqued lateral projections (**Fig. 1**).^{20,26,31,33}

In cats, the tympanic cavity is unequally divided into 2 compartments by a thin bony septum, giving it a double-chambered appearance. On plain radiographs, the best images to view the tympanic bullae are right and left lateral oblique and the rostrocaudal projections. In these views, normal bullae appear as thin-walled, air-filled rounded structures at the base of the skull (**Fig. 2**). The rostrocaudal projections are particularly

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