

Feline Otitis: Diagnosis and Treatment

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KEYWORDS

• Feline • Otitis • Aural polyp • Atopy • Food allergy • Ear mites

KEY POINTS

- Cats may develop otitis media without overt otitis externa.
- Cats are less susceptible to secondary otic infections than dogs.
- Cats may be more susceptible to ototoxicity than dogs, and topical therapy should be used cautiously.

INTRODUCTION

Feline otitis can be a challenging clinical problem. The commonly used clinical approach to diagnosis and treatment of canine otitis rarely yields satisfactory results when applied to cats. Dr John August introduced the concept that otitis is a multifactorial problem in dogs, and his concepts are extrapolated to the cat in this article.

Otitis by definition is inflammation of the ear canal and/or the pinna. *Otitis externa* is a term used when only the external canal, outside of the tympanic membrane, is involved. When the tympanum and the tympanic bulla are involved, the term *otitis media* is used. *Otitis interna* implies damage to the hearing apparatus; neurologic symptoms and deafness are usually present.

Otitis in cats is usually a multifactorial problem. Predisposing factors are those that may allow inflammation to occur. Ear canal stenosis and pinnal deformity are far more common problems in dogs than in cats. There does not seem to be a breed predisposition for developing otitis in cats. Ear pinna conformation of the Scottish Fold is not associated with an increased risk of otitis. High-humidity environments or cats that are bathed frequently may be more at risk because of canal tissue maceration. One of the common predisposing causes of feline otitis is the use of a cotton swab to remove normal ear canal excretions. Trauma from cleaning may lead to inflammation and secondary infections. Some cats, especially Persians and older Siamese cats, have excessively ceruminous ears and should be left alone unless infection is identified.

Primary causes are those that induce otitis directly. Foreign bodies or ectoparasites are the most common causes. Although some allergic cats will have concurrent otitis, this occurs far less commonly than in the dog. Additional primary causes include autoimmune diseases, neoplasia, and fungal infections. A polyp is usually the result of

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chronic inflammation. However, in some cases, the presence of a polyp may lead to ear canal inflammation caused by obstruction.

The perpetuating factors, bacteria and yeast organisms that are the source of frustration in many canine otitis cases, are less frequently a problem for cats. An aural polyp is usually a perpetuating factor as a result of chronic inflammation or may be idiopathic. One of the most important, yet least discussed, risk factors is the allergic or irritant reaction that occurs after application of topical medications. Antiinflammatory corticosteroids may be the cause of the reaction. This reaction is counterintuitive considering that these should reduce the amount of inflammation and not be the source of the problem. Contact reactions may also occur with antibiotics or carrier agents.

DIFFERENTIAL DIAGNOSES

It is possible to limit the differential diagnoses based on the observation of a unilateral versus a bilateral problem. Unilateral causes are commonly associated with a foreign body, aural polyp, neoplasia, or trauma (aural hematoma). Bilateral otitis is usually associated with parasitic, metabolic (systemic illness), allergic, or autoimmune problems. Dermatophytosis, bacterial infections, or yeast infections may present as unilateral or bilateral problems.

Atopy and cutaneous adverse reactions to food should be considered for cases of recurrent otitis. These cases may be associated with either unilateral or bilateral otitis externa. Concurrent clinical signs of pruritus may be present in other regions of the body. Both of these allergic conditions may be very pruritic without overt secondary infection. Aural hematoma may be a consequence of excessive scratching.

Otitis media without overt otitis externa may occur more commonly in the cat than the dog. It is usually a unilateral problem but may be bilateral. Clinical signs may include head shaking or pawing at the ears. There may be no evidence of otitis externa. In dogs, otitis media is frequently associated with chronic otitis externa leading to damage of the tympanic membrane. The diagnosis of otitis media is usually made during otoscopic examination. The tympanic membrane may seem to be ballooning outward. Fluid and air bubbles may be seen behind the intact tympanum. Empiric treatment with a systemic antibiotic to cover a spectrum against *Staphylococcus*, *Streptococcus*, *Pasteurella*, and anaerobic bacteria should be considered. A myringotomy can be performed under general anesthesia to collect a sample for culture and susceptibility testing.

Ceruminous gland cysts (ceruminous cystomatosis) may occur in any aged cat. The clinical signs include single to multiple cystlike structures containing dark brown to dark bluish material (**Fig. 1**). In severe cases, the cysts may lead to a stenotic ear canal with secondary infection. When these lesions are present, it is usually recommended to perform a biopsy with histopathology to rule out neoplastic diseases. Treatment with topical or systemic medication is rarely helpful. Surgical excision or laser ablation can be considered for severe cases.

Some cats may develop an increase in cerumen production leading to a shiny-appearing inner pinna or waxy brown debris within the canal. This condition is sometimes referred to as idiopathic ceruminous otitis externa. Secondary infection may occur. Treatment of secondary infections should be considered; however, excessive topical treatment may lead to chronic clinical signs. It is usually best to treat these as conservatively as possible. Allergic diseases should be considered as a possible underlying cause of this condition. The use of topical or systemic glucocorticoid medications may be considered for short-term relief if excessive pruritus is present.

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