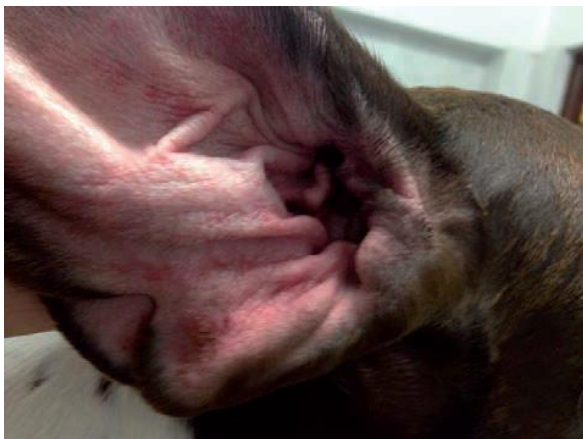


## Ear Infection – What You Need To Know

Otitis externa is a common condition in dogs and cats, with a reported incidence of 10-20% in dogs and 2-6% in cats. Predisposing, primary, secondary and perpetuating factors should be identified wherever possible in order to control the condition. Predisposing factors include anatomical conditions such as a stenotic ear canal, excess hair within the canal, increased moisture (*e.g.*, in certain breeds with pendulous pinnae or in dogs that swim), and over-treatment. There are various possible primary factors; the most common are skin allergies, although foreign bodies, hypersecretory conditions (*e.g.*, primary seborrhea, hypothyroidism, or increased ceruminous gland activity), neoplasia and parasites are also common. Secondary factors include bacterial and yeast infections, whilst the main perpetuating factors are otitis media and chronic pathological changes in the ear canal secondary to inflammation (*e.g.*, stenosis, fibrosis and calcification of tissues).

The correct techniques for ear examination, sampling and cleaning are key points in treating, diagnosing and managing otitis externa in dogs. The primary cause must be identified and treated, and any secondary factors must be eliminated. If there are chronic pathological changes present these must be properly controlled for satisfactory long-term management.

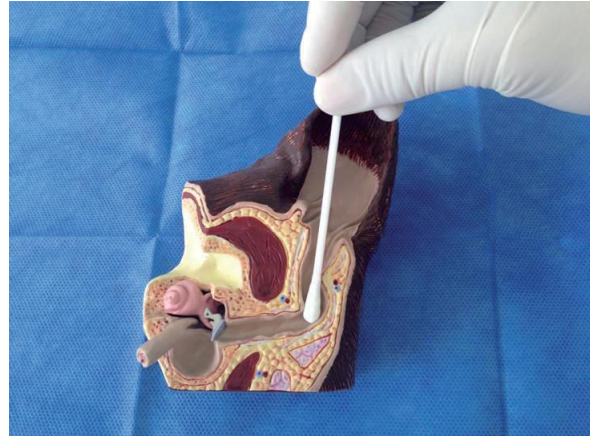
### Ear Examination



The ear examination begins with careful observation and evaluation of the pinna. The vertical and horizontal canals are then examined using a good otoscope. Correct placement of the otoscope will avoid discomfort; this is particularly important in patients with inflamed ear canals.



## Ear Cytology

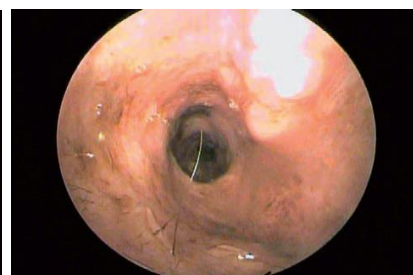


Secondary factors can be evaluated by cytology. Bacteria (cocci, rods), yeasts (*Malassezia spp.*) and inflammatory cells may be observed microscopically by sampling and staining. Samples may be obtained with a sterile cotton swab at the point where the vertical and horizontal ear canals meet.

## Ear Cleaning



**BEFORE**



**AFTER**

Superficial ear cleaning does not require anaesthesia or sedation in the majority of patients, and owners should be instructed as to how to perform this procedure properly at home. In most cases of otitis externa, epithelial migration, the self cleaning mechanism of the ear canal, is affected adversely, leading to cerumen accumulation. Ear cleaner should be instilled into the ear canal and the ear massaged externally. The cerumen may be removed from the external part of the ear using a cotton swab, but excessive use of swabs inside the ear canal should be avoided. Cleaning helps reduce the amount of cerumen exudate and facilitates the penetration of topical treatments; it also decreases the bacterial and yeast biofilm, which assists in elimination of infectious agents.