

# CHRONIC OTITIS IN DOGS- IN A NUTSHELL

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## The 5 BIG Causes of Recurrent Otitis

- Underlying Skin Disease
- Resistant or Untreated Skin Infections
- Obstruction of the Ear Canal
- Otitis Media
- The Client

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The Big 5

**CLIENTS**  
“I’m tired of the  
chronic ear infections”

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## The Client-Turning It Around



Ears-just an extension  
of the skin

Analogy “Pipes under  
the kitchen sink”

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**Underlying Skin  
Disease**

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### Allergic Skin Disease



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### Allergic Otitis Externa



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### Recurrent Aural Hematomas



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### Primary Disorder of Cornification



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### Failed Lateral Ear Resection...



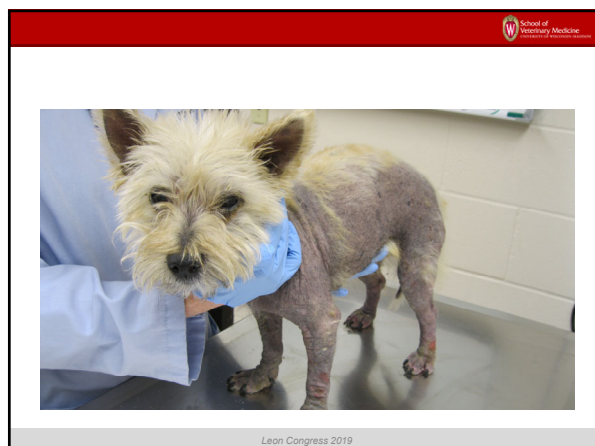
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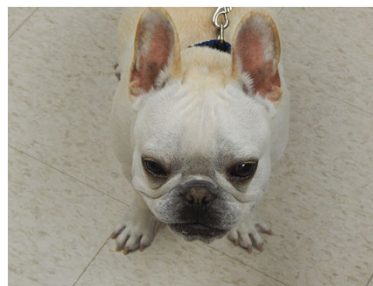
### Practice Tip-Ears Last While You Look For Clues



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## Some Clues are Subtle



## Breed Related



## Primary Secretory Otitis Media (PSOM)



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## Resistant or Untreated Infections


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## Ear Cytology

- Core diagnostic for ear disease
- Include in cost of examination



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## Cytological Specimens

Cellular Samples

- Neutrophils- assume infection
- Number of organisms-not accurate reflection of severity of infection-what are clinical signs?
- Cocci and/or Yeast only: allergic diseases and primary seborrheic disease
- Rods: worst case scenario is *Pseudomonas*

Acellular

- Client involvement??

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## Waxy debris

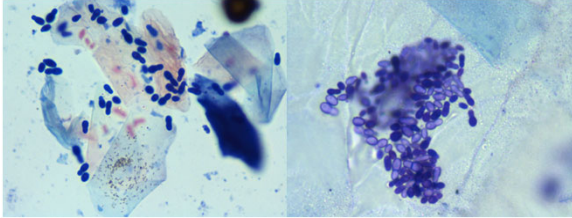


### Normal or seborrheic dog?

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## Malassezia

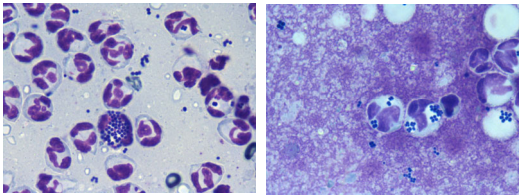


*Practice Tip: Heat fixing is not needed for cytology specimens*


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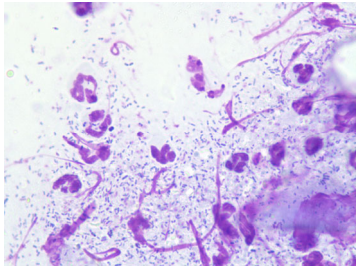
## Intra and Extra Cellular Cocci




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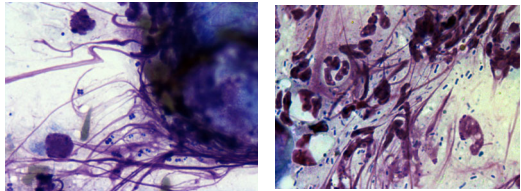
## Rods



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## Nuclear Streaming



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## Ear Culture

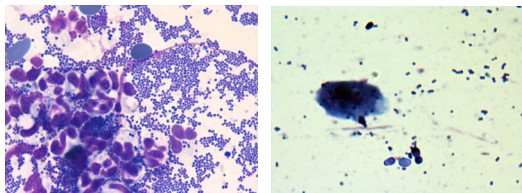
Indications for Culture

- Recurrent ear infections
- Rods
- Non responsive to treatment
- Suspect otitis media
  - Septic inflammation

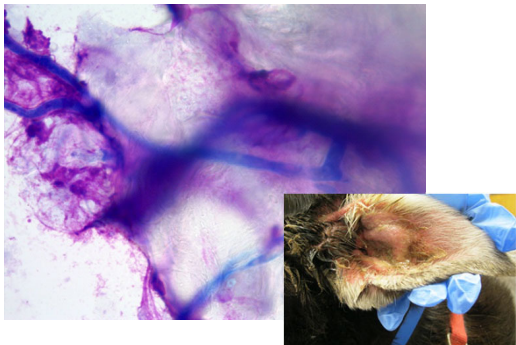


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## Number of Organism Does Not Reflect Extent of Infection



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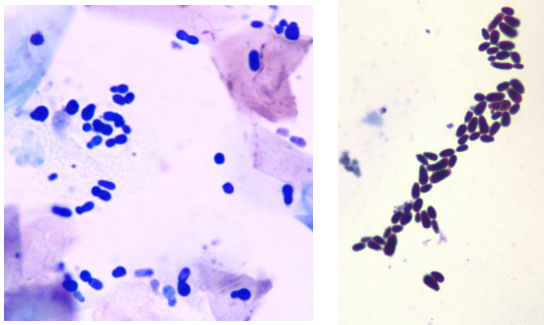


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## Vinnie-still flapping



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## Dogs with Underlying Disease

- Don't forget skin cytology
- Skin and Ear Cultures Are Usually Needed
- Coordinate Therapy
- Cannot assume "what's in the ear is on the skin and vice versa"

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# Canal Obstruction


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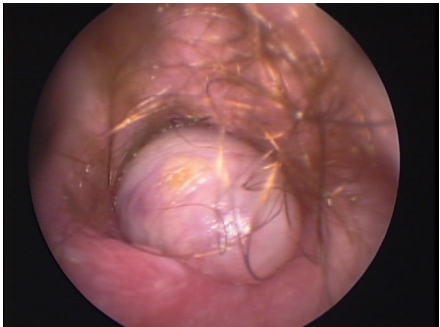
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# PALPATION


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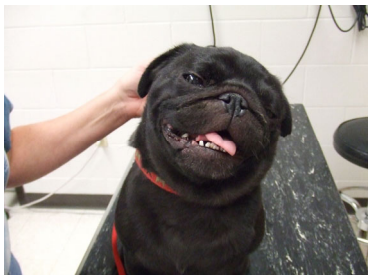
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# Otitis Media

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## Neurological Signs



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## Listening/Looking for Fluid

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## Otoscopic Examination-if you can

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# TREATMENT

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# MEDICAL? or SURGICAL?

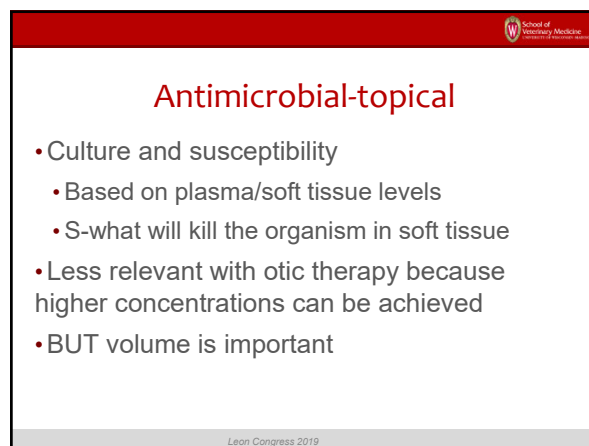
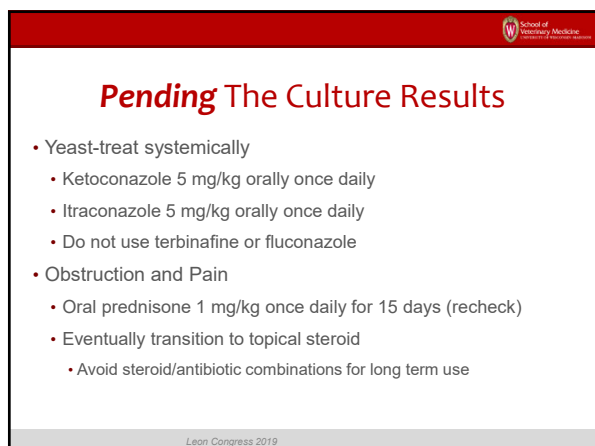
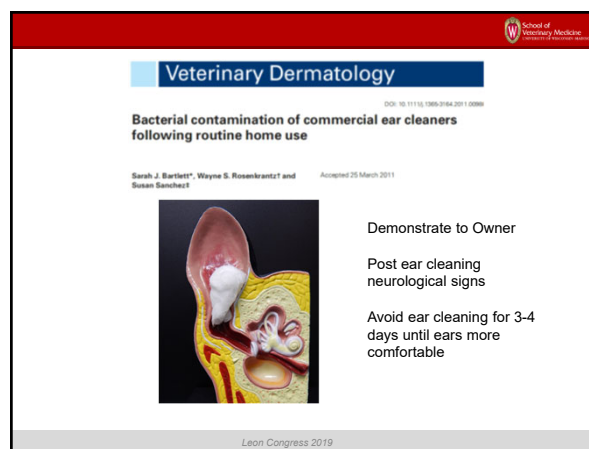
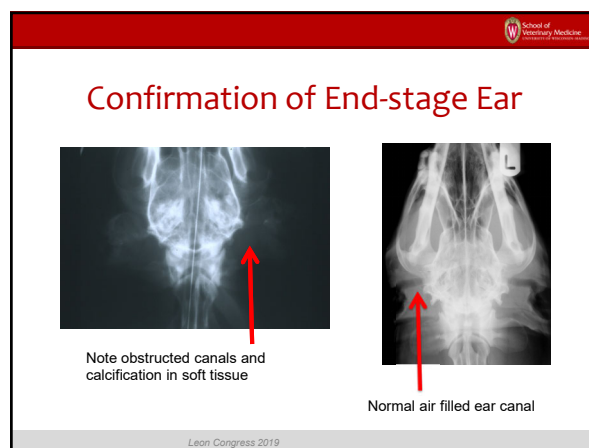
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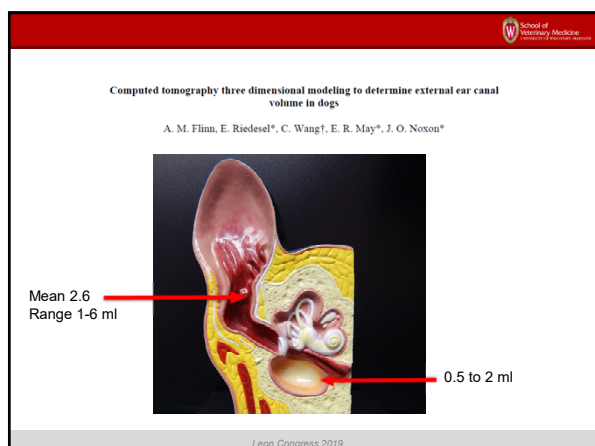
## Surgical Path

- Canals have mechanical obstruction and/or not responsive to steroids
- Multi-drug resistant pathogen
- Otitis media that fails medical treatment-BO
- Recurrent proliferative or obstructive otitis clients cannot manage

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## Antimicrobial-Systemic

- Culture and susceptibility results are **HIGHLY** relevant
- Always used concurrently with topical therapy
- Use higher end of dose for 30 days
- Treating soft tissue infection

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## The Recheck

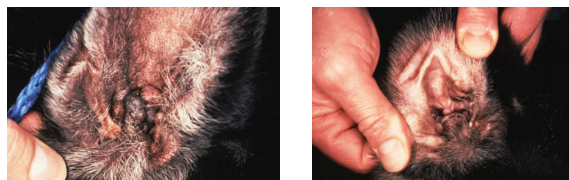
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## The Dog With Underlying Disease

- Need to explain that the underlying disease is the trigger and must be treated
- Need to be direct: *"you will always be doing some type of maintenance treatment for the ears"*

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## Proliferative Otitis

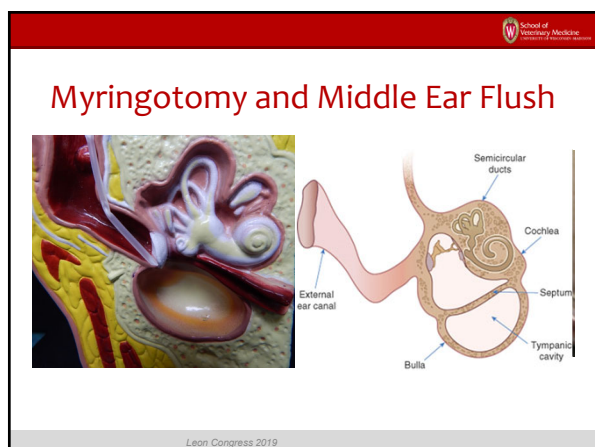
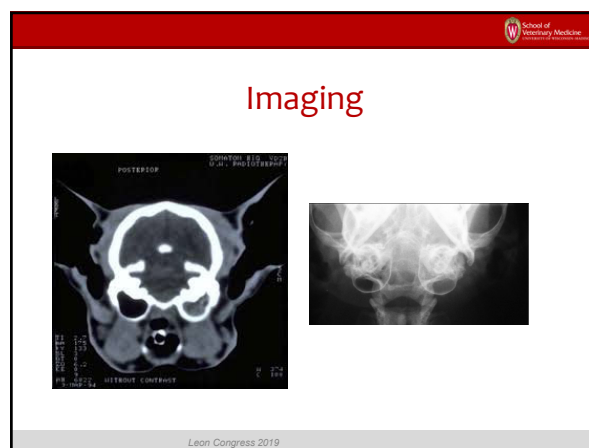
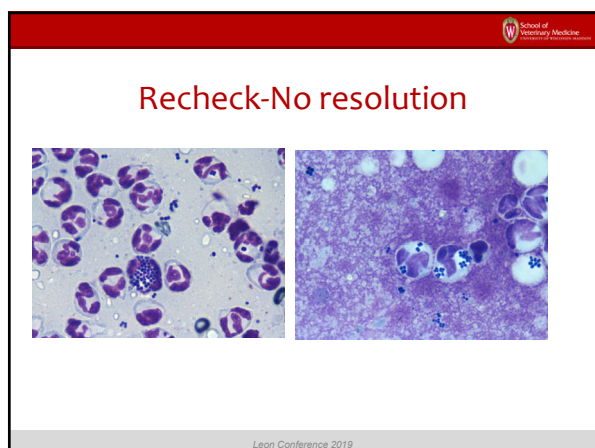


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## Maintenance

- Ear cleaning 2-3x a week followed by topical steroid
  - DMSO and steroids
  - Compounded product (dexamethasone and propylene glycol in equal volumes)
- Expect intermittent relapses

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### Chronic Otitis Media Summary

<ul style="list-style-type: none"> <li>• The Big 5               <ul style="list-style-type: none"> <li>• The client</li> <li>• Underlying disease</li> <li>• Obstruction</li> <li>• Undiagnosed/resistant infection</li> <li>• Otitis media</li> </ul> </li> <li>• Cytology-always</li> <li>• Culture –always</li> </ul>	<ul style="list-style-type: none"> <li>• Treatment               <ul style="list-style-type: none"> <li>• Address underlying disease</li> <li>• Use cytology to guide initial treatment</li> <li>• Clean ears gently and regularly</li> <li>• Use steroids for decreasing cerumen and stenosis</li> <li>• Use antimicrobial therapy based upon c/s</li> <li>• Maintenance Plan</li> </ul> </li> </ul>
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### Thank you for your attention!

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