Scanning for Middle Ear Disease

In cats with middle ear disease (MED), advanced imaging may better distinguish inflammatory polyps, neoplasia, and extension of external ear disease or dysfunction secondary to nasal or upper respiratory infection (URI). This study evaluated the records of 310 cats that underwent CT, some for primary ear disease (eg, aural hematoma, ear infection, Horner syndrome, history of ear canal/middle ear surgery). Findings in 101 cats were consistent with MED, while findings in 209 were not. Of the 101 cats with identified MED, 26 had primary owner complaints of ear disease and 41 had nonspecific signs with ear disease as a diagnostic differential. The remaining 34 did not have primary complaints of or findings consistent with ear disease; unilateral disease was more common than bilateral disease in this group, and many (27/34) had concurrent nasal disease. While there was no CT evidence of MED in 209 cats, 25% had signs or findings of external ear disease.

Commentary

Because cats are good at hiding signs, greater attention should be given to the ears of cats with URI. With URI, the bulla is seeded with organisms via the auditory tube, resulting in increased secretions of fluids detectable by CT. Although CT is superior in imaging the bulla, bulla thickening and opacification can be determined by radiography. A comparison of bulla wall thickness and opacity on radiographs is useful. Neither CT nor radiography can detect active MED; signs of URI or ear problems may warrant high-magnification video otoscopy of the eardrum and bulla for better MED identification. Myringotomy is indicated when the eardrum is intact and the middle ear is inflamed or secreting fluids.—Louis N. Gotthelf, DVM

Source


Reconsidering Surgery for Rabbit Thymoma

Thymoma (neoplasm of cranial mediastinum) was diagnosed via thoracic radiography and/or ultrasound with fine-needle aspiration in 13 rabbits ranging in age from 3 to 10 years (median, 6 years). For rabbits with available history, onset of disease was acute in 3 and chronic in 7; median time between noticeable signs and presentation was 45 days. Common signs were dyspnea (n = 10), exercise intolerance (n = 7), bilateral transient exophthalmos (n = 6), inappetence (n = 4), coughing (n = 3), prolapsed third eyelid (n = 3), muffled heart sounds (n = 2), and heart murmur (n = 2). Cytology of fine-needle aspirates was diagnostic for thymoma in 10 cases. In 7, the mass was removed surgically. Two patients were treated conservatively and 4 were euthanized at diagnosis because of poor clinical condition. Five of the 7 that had surgery died within 3 days. One rabbit improved postoperatively for 6 months but had tumor recurrence and was euthanized. Another rabbit had durable remission for 955 days, after which it was euthanized because of recurrence.

Commentary

Surgical resection is the treatment of choice for thymoma in dogs and cats. In this study, surgery was attempted in more than half of affected rabbits. Only 2 of the rabbits survived more than 3 days postoperatively. Postmortem findings included pleural/pericardial effusion and inflammatory changes in the thorax that likely contributed to their demise. From these findings, and because rabbits (as a prey species) seem to have low thresholds for pain and stress tolerance, surgery may not always be the best option. Alternative therapies (eg, radiation therapy) may be a more viable, though palliative, option; however, additional research is needed.—Dominique Keller, DVM, PhD

Source