



Aural Haematoma And Its Surgical Management In Non Discript Cat

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Abstract

A Six years old female cat presented to private clinic, Bangalore with complaint of swollen at left ear flap since two days, associated with ear scratching since many days. On examination the left ear pinna was swollen, soft to touch and evinced pain on palpation. The condition was diagnosed as the aural haematoma. Linear incision was made on the swollen part and removed blood clots and fibrin debris and ear flaps are closed by horizontal suture pattern and with post antibiotic therapy finally pet was recovered uneventfully.

Key words: Cat, Scratching, Haematoma.

I. Introduction

An aural hematoma is the accumulation of serosanguineous fluid or blood within the pinna. It is frequent disorder in dogs, cats and pigs. Aural hematomas are the most common physical injury of the pinna and they are most apparent on the pinna's concave surface. When Pets vigorously shake their heads or scratch their ears, trauma to the ears causes the blood vessels and capillaries in the pinna to rupture (Henderson *et al.*, 2003). When these vessels break blood pools in the space between the skin and cartilage, creating a hematoma. This condition is usually unilateral, but it can be bilateral. Hematomas should be drained as soon as possible. If they are left untreated, fibrin formation can occur, leading to fibrosis, contraction and thickening, potentially leaving the ear with a deformed cauliflower-like appearance (Medleau and Hnilica, 2006).

There are various methods of treatment for the aural haematoma include Simple aspiration is the most conservative treatment and relieves acute pain, but recurrence is common. Surgical drainage decreases procedure. This method is best method and it includes Silastic drain placement, Teat cannula placement, closed suction catheter system, Incisional drainage, Carbon dioxide (CO₂) and laser procedure.

II. Clinical Observation

Female cat about six years presented to veterinary clinic with a history of scratching of left ear since so many days and swollen era flap since 2 days, no history of external trauma, but intense head-shaking and sudden increase in the size of the ear flap was noticed by owner.

On physical examination oral and congectival mucosa was normal, rectal temperature: 101.5 °F, heart rate: 80 beats/min, respiratory rate: 19 /min, capillary refill time about <2 s. The swollen left ear was hot to touch and pet was evinced pain on palpation. Based above parameters it was diagnosed as the aural haematoma of left ear pinna. Pre surgical haemato-Biochemical parameters were within normal range.

III. Treatment

Food and water withheld for 12hr before surgery. Pet was weighing around 3 Kg, Pet was subjected to pre-anaesthesia include atropine sulphate 0.02mg/kg and ceftriaxone 25-30 mg/kg body weight subjected general anaesthesia with a combination of both xylaine(4mg) and Ketamine (30mg/kg). Surgical site was aseptically prepared with alternative of both povidone iodine and surgical spirit. Elliptical incision was made on the affected part, followed by opening of the ear flap and removed all the blood clots, debris and flushed with counter irritant (iodine solution 5%) and finally affected part was scarified with BP blade. Both ear flaps skin closed with simple horizontal interrupted sutures pattern using non-absorbable suture material (Trulon^R). wound dressed with povidone iodine ointment and bandaged with cone pattern. Pet was recovered within 15 minute after the surgery and for post operatively gave meloxicam 0.2-0.3 mg/kg. Advised the owner to follow Syrup SPORIDEX^R 125 mg bid for seven days with every alternative day wound dressing finally suture removed on 10th day after surgery.



Fig. 1 Swollen ear flap

Fig. 2 Horizontal suture pattern



Fig.3 Cone bandage

Fig.4 Removing of suture on 10th day

IV. Discussion

Aural haematoma frequently observed in dogs, cats ,pigs and rarely occurring some times in sheep mainly because of scabies. In canine and feline practices different procedure are there for treating the aural haematoma. Normally suturing will be done by passing the needle through and through the skin of the ear flap, since this pattern causes shrinking and disfiguration of the ear pinna. In the present case, we followed simple interrupted horizontal suturing pattern without involving the skin of the dorsal surface of the ear pinna. There are different techniques are available for the treatment of aural haematomoa in cats but the treatment procedure followed in the present case seems to be very safe and right technique.

Bibliography

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