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Popular Article

Surgical Management of Aural Hematoma in a German Shepherd Dog

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Abstract

A five-year-old male German Shepherd was brought in with a history of right ear enlargement and violently shaking head. Aural hematoma was the diagnosis made for the fluctuant and fluid-filled enlargement on the concave aspect of the pinna. The hematoma underwent surgical treatment and was fully removed.

Keywords: Aural; Concave; Drainage; Debriding; Hematoma; Overhead bandage;

Introduction

Aural hematoma is collection of blood due to rupturing the pinna's blood vessels and capillaries that can occasionally form into blood clots inside the ear flap or pinna. The ear flap thickens as a result of the blood accumulating beneath the skin. The entire ear flap may enlarge, or just a small portion of it may. Although it can be bilateral, this syndrome is typically unilateral (Ahiwar et al., 2007).

Etiology

Aural hematomas can be caused by Bite wounds and other direct trauma, head shaking and ear scratching related to otitis externa or atopy are more typical causes (Beteg et al., 2011). Self-inflicted trauma in dogs results in aural hematomas either acute or chronic. Allergies, foreign substances in or around the ear canal, and parasites such ticks or ear mites (Mayer, 1957 and Archibald, 1974). Aural hematomas are most frequently caused by physical damage to the ear pinna, most often on the concave surface (Slatter 2003).



History and Diagnosis

Five years old male German Shepherd with a history of unilateral swelling on the concave surface of the right ear pinna and violently shaking his head were exhibited. An aural hematoma was identified based on a physical examination that indicated fluctuant and fluid-filled swelling on the concave aspect of the pinna (Fig. 1). The hematoma underwent surgical treatment.

Treatment

The affected ear pinna has been cleaned with soap and both sides have been shaved as part of the pre-operative measures. To stop hematoma fluid from spilling into the ear canal, cotton gauze was secured at the external ear opening (Fig. 1) The animal was fasted for the entire night. Ketamine 2.5 mg/kg and Xylazine 1 mg/kg were used to induce anesthesia. The animal was positioned in a left lateral recumbent position, and the concave surface of the pinna was incised in the shape of a 'S' throughout the length of the hematoma. Serosanguinous fluid was taken away, along with fibrin and blood clots. (Thamizharasan and Murugan, 2017) Removed the pyogenic membrane that was under the skin and on the cartilage. After the cavity was cleaned with regular saline, the debrided area was covered with betadine solution. Silk with a simple interrupted pattern on a concave surface is used to suture the skin on each side of the incision (Fig. 2). Allow space between the incised ends to allow for drainage and prevent recurrence. In order to promote early healing and simple drainage, an overhead bandage was used to keep the operated ear vertical and to maintain pressure (Fig. 3). To stop that from happening again, an e-collar was placed around the neck.



Fig.1; Swollen concave part of right ear pinna

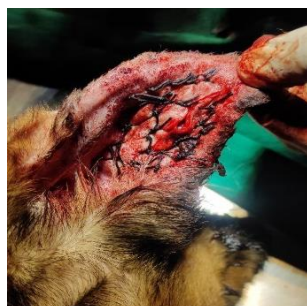


Fig.2; Debridement followed by Interrupted suture

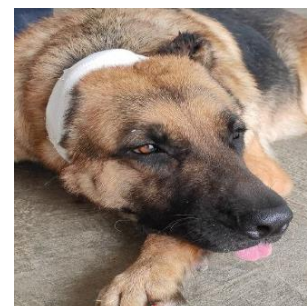


Fig.3 ; Ove head bandage

Ceftriaxone and Tazobactam @ 20 mg/kg b.wt for 5 days, Inj. Tribivet 1 ml for 3 days i/m, and Inj Melonex 1 ml i/m were used for post-operative care. Every two days, the wound was dressed by washing it with an iodine solution and rebandaging it. The aural hematoma was successfully managed. Dogs with auditory hematomas experience severe pain and discomfort, despite the condition's apparent ease of treatment. The likelihood of this condition developing



can be reduced by routinely cleaning and grooming the dog, keeping it free of both internal and external parasites, and frequently trimming its nails to a point of sharpness.

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