Preface

Ear, Nose, and Throat
Conditions: Purpose and
Acknowledgment

During the early stages of my surgical residency at The Ohio State University, I recognized that we often learn the most about a surgical condition through the process of understanding and treating complications arising from the surgical procedures we perform. I began to realize that many of the complications we encounter can be prevented by a thorough understanding of the pathophysiology of the surgical disease, and incorporating core surgical principles and a thorough understanding of the regional anatomy into the planning and execution of the procedure. As I progressed through my residency training, I was alarmed at the number of complications we were encountering following total ear canal ablation. Many of these complications caused patient morbidity far worse than the condition that the surgery was designed to treat. I could find little information about proper management of these complications, and I began to question the way we surgeons approached end-stage inflammatory ear disease. This search prompted the first publication of my career, a retrospective study documenting an embarrassing number of complications after total ear canal ablation, particularly acute and chronic wound infection. At first we believed that poor drainage of the surgical site and tympanic bulla was the main reason for the high infection risk. Incorporation of various wound drainage techniques following this procedure did not significantly reduce infections, and in some cases caused other problems. As advanced imaging emerged, we began to pay particular attention to the middle ear changes involved in chronic end-stage inflammatory ear disease. We have since made significant advances in surgical exposure of the tympanic bulla by aggressive subtotal lateral bulla osteotomy, allowing us the ability to thoroughly debride migrating epithelium and debris within bulla while preserving important regional neurologic and vascular structures. It is now expected that nearly all our patients affected by end-stage ear disease will enjoy long-term relief after surgery. It is
these breakthroughs in our understanding of surgical diseases, and our continued desire to improve our diagnostic and surgical techniques, that keeps me passionate and engaged in my general surgical practice and academic career.

Surgical conditions affecting the ear, nose, and throat in dogs and cats are some of the more common diseases presenting to small animal practitioners and surgical specialists alike. I have chosen a number of select topics to cover in this issue with new and emerging diagnostic and therapeutic options for ear, nose, and throat conditions. The topics are organized starting with clinical updates surrounding the ear of dogs and cats, and then surgical conditions affecting the nose and nasopharynx, and finally the larynx. I have asked authors whenever possible to include detailed current information about the pathophysiology of their surgical topic, and to incorporate pertinent core surgical principles, regional anatomy, and complications when describing their surgical treatment options and recommendations. In the first article of this issue, I examine why deep infections occur after total ear canal ablation and how to effectively diagnose and manage these deep abscesses and chronic fistulas. Dr Risselada examines cholesteatomas, debilitating expansile growths within the tympanic bulla, and why this disease continues to be a demanding surgical condition to successfully treat. New and traditional methods to treat auricular hematomas are described by Dr MacPhail. Drs Greci and Mortellaro offer updated information about treatment of otic and nasopharyngeal polyps seen commonly in cats, and more rarely in dogs. Newer surgical techniques for reconstruction of congenital nose, palate, and lip disorders are covered by Drs Fiani, Verstraete, and Arzi. Drs Weeden and Degner illustrate an array of standard and novel surgical approaches to the nasal cavity and sinuses. Dr Worley describes our current understanding of nose and nasal planum neoplasia, and how to reconstruct facial defects after aggressive surgical excision. Dr Berent explains her current recommendations for treatment of one of the most challenging disease conditions encountered in my practice, nasopharyngeal stenosis. Dr Dupre and Heidenreich offer novel surgical options for treatment of dogs afflicted with brachycephalic syndrome. Finally, Dr Monnet provides an update on current treatment recommendations for laryngeal paralysis in dogs. I thank all of these exceptional authors for sharing their valuable experience, expertise, and scientific contribution to this issue. I also wish to recognize these busy clinicians for their extra time and effort in preparing well-written articles on time!

Finally, I want to personally thank Patrick Manley and Meredith Clinton, from Elsevier, for the opportunity to be the guest editor of this issue of Veterinary Clinics of North America: Small Animal Practice. My hope is that this collection of articles on ear, nose, and throat conditions will help update veterinarians so they can offer the very best recommendations and latest treatment options for their patients.

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