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**Treatment of Persistent Deep Infection After Total Ear Canal Ablation and Lateral Bulla Osteotomy**  
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Persistent deep infection originating from remnants of an incompletely excised ear canal, or epithelium and debris left in the osseous ear canal or tympanic cavity after surgery total ear canal ablation and lateral bulla osteotomy can be debilitating. Clinical signs including pain elicited on deep palpation over the affected bulla or when opening the mouth, or draining sinuses may be delayed months to years. Localization of the nidus via CT imaging is important for surgical planning. Although antibiotic therapy usually reduces or eliminates the clinical signs of deep infection, relapses are common. Surgery more consistently results in permanent resolution.

**Diagnosis and Management of Cholesteatomas in Dogs**  
Marije Risselada

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Surgical intervention of aural cholesteatomas in dogs can be curative. Imaging findings include a soft tissue density in the middle ear and destruction of the bone of the bulla with characteristics of an aggressive lesion. Dogs with early stage disease have a better outcome than those with chronic disease, temporal bone involvement and neurologic signs. Dogs with recurrent disease can be reoperated or managed medically with long-term resolution or palliation of clinical signs.

**Current Treatment Options for Auricular Hematomas**  
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Ear disease, such as otitis externa, resulting in aggressive head shaking or ear scratching, is the most common cause of the development of aural hematomas in dogs and cats. An underlying immunologic cause has also been proposed to explain cartilage and blood vessel fragility. Numerous options exist for management of aural hematomas, from medical management alone with corticosteroids, to simple hematoma centesis, to surgical intervention. Because this condition is usually secondary to another disease process, regardless of mode of treatment, likelihood of recurrence is low if the underlying condition is managed properly.

**Management of Otic and Nasopharyngeal, and Nasal Polyps in Cats and Dogs**  
Valentina Greci and Carlo Maria Mortellaro

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Feline inflammatory polyps are the most common nonneoplastic lesion of ear and nasopharynx in cats. Minimally invasive techniques for polyp
removal, such as traction avulsion combined with curettage of the tympanic cavity and per-endoscopic transtympanic traction, have been successful for long-term resolution. Feline nasal hamartomas are benign lesions of the nasopharynx, and most have a good prognosis after surgical removal. Canine aural and nasopharyngeal inflammatory polyps are rare and have a similar clinical presentation as cats with these lesions. In dogs, it is important to achieve an accurate histologic diagnosis of these masses before appropriate surgical treatment can be planned.

Reconstruction of Congenital Nose, Cleft Primary Palate, and Lip Disorders

Nadine Fiani, Frank J.M. Verstraete, and Boaz Arzi

Video content accompanies this article at http://www.vetsmall.theclinics.com

Clefts of the primary palate in the dog are uncommon, and their repair can be challenging. The aims of this article are to provide information regarding pathogenesis and convey practical information for the repair of these defects.

Diagnosis and Management of Nasopharyngeal Stenosis

Allyson C. Berent

Choanal atresia is rare in small animal veterinary medicine, and most cases are misdiagnosed and are actually a nasopharyngeal stenosis (NPS), which is frustrating to treat because of the high recurrence rates encountered after surgical intervention. Minimally invasive treatment options like balloon dilation (BD), metallic stent placement (MS), or covered metallic stent (CMS) placement have been met with success but are associated with various complications that must be considered. The most common complication with BD alone is stenosis recurrence. The most common complications encountered with MS placement is tissue ingrowth, chronic infections and the development of an oronasal fistula. The most common complications with a CMS is chronic infections and the development of an oronasal fistula, but stricture recurrence is avoided.

Brachycephalic Syndrome

Gilles Dupré and Dorothee Heidenreich

Video content accompanies this article at http://www.vetsmall.theclinics.com

Animals presenting with brachycephalic syndrome suffer from multilevel obstruction of the airways as well as secondary structural collapse. Stenotic nares, aberrant turbinates, nasopharyngeal collapse, soft palate elongation and hyperplasia, laryngeal collapse, and left bronchus collapse are being described as the most common associated anomalies. Rhinoplasty and palatoplasty as well as newer surgical techniques and postoperative care strategies have resulted in significant improvement of the prognosis even in middle-aged dogs.
Surgical Treatment of Laryngeal Paralysis

Eric Monnet

Unilateral arytenoid lateralization is the most commonly used technique to treat laryngeal paralysis. It is important not to overabduct the arytenoid cartilage during the unilateral lateralization to minimize exposure of the rima glottides. Dogs with laryngeal paralysis treated with unilateral lateralization have a good long-term prognosis. Idiopathic polyneuropathy is the most common cause of laryngeal paralysis in dogs.

Surgical Approaches to the Nasal Cavity and Sinuses

Alyssa Marie Weeden and Daniel Alvin Degner

The nasal cavity and sinuses may be exposed primarily via a dorsal or ventral surgical approach. Surgical planning involves the use of advanced imaging, such as computed tomography or MRI. Surgical treatment of lesions of the nasal cavity usually is limited to benign lesions or can also be used in combination with adjunctive therapy, such as radiation therapy. Extreme caution must be exercised with a dorsal approach to the nasal cavity to avoid complications of inadvertent penetration into the brain case. Gentle tissue handling and careful closure of the mucoperiosteum must be exercised following a ventral approach to minimize the risk of oronasal fistula formation.

Nose and Nasal Planum Neoplasia, Reconstruction

Deanna R. Worley

Most intranasal lesions are best treated with radiation therapy. Computed tomographic imaging with intravenous contrast is critical for treatment planning. Computed tomographic images of the nose will best assess the integrity of the cribriform plate for central nervous system invasion by a nasal tumor. Because of an owner’s emotional response to an altered appearance of their dog’s face, discussions need to include the entire family before proceeding with nasal planectomy or radical planectomy. With careful case selection, nasal planectomy and radical planectomy surgeries can be locally curative.

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