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Hematoma in the Ears of Dogs

A successful method of treatment

R. E. Norton, D.V.M.

The management of hematomas occurring in the external ear of dogs presents a difficult problem of treatment. Some authorities say the condition usually arises in dogs having pendant ears but the short pointed eared dogs experience this difficulty the most often in our practice. The condition is the result of trauma associated with violent shaking of the ears. The resulting trauma ruptures the subcutaneous capillaries on the internal surface of the ear and the extravasated blood collects separating the conchal cartilage from the skin as it rapidly forms a fluctuating subcutaneous mass. The fluctuating mass may occur at any region on the ventral side of the ear and may vary in size from less than a centimeter to several centimeters in diameter. The condition is usually spoken of as a hematoma but in rare instances the fluid may consist of only serum.

First consideration in the treatment is the removal of the cause of the violent head shaking, for if this is not corrected there is little hope of remedying the condition regardless of the treatment attempted. This primary cause of head shaking may be in the nature of canker ears, ear mites, and eczemas of the ear. Primary trauma as caused by fights with other dogs, catching the head in the door or a severe blow over the region may be responsible for the injury. It is necessary in some cases to use sedation (morphine, nembutal or phenobarbital) to control the head shaking until the pain can be relieved by treatment. When this is controlled attention can be given to the hematoma itself.

The success of the treatment of the hematoma depends on the accomplishment of four things. They are: (1) the ability of the operator to perform an aseptic operation, (2) provision for continuous drainage, (3) removal of all blood clots and fibrin from the cavity, and (4) application of sufficient pressure to keep the subcutaneous tissues in complete and continuous apposition. The author has found a method of treatment developed at the Riser Small Animal Clinic, Des Moines, Iowa, which fulfills these requirements. This technique is especially desirable as it promotes a rapid recovery with but rarely a post-operative deformity. The procedure, which is outlined below, requires little equipment and is easily performed.

Preparation

The lower surface of the ear is thoroughly cleaned and disinfected. A section of skin 1 cm. square is removed from the center of the fluctuating area by first making two 1 cm. incisions at right angles in the form of a cross. (Fig. 1.) Shearing the triangular tags of skin thus formed with a scissors completes removal of the section. The extravasated blood is then removed through the generous incision, care being taken to remove all the clots and fibrin. The use of a forceps or curette may be an aid in completely removing this foreign material. The subcutaneous tissues will then be in apposition and allowed to heal without deformity.

The secret of success in healing ears is the devising of some means whereby the

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skin is held firmly against the cartilage, thus obliterating the cavity by pressure which stops the oozing of serum into the cavity. A metal clip made from the round top of a tin can answers this purpose very well. The metal is stiff enough to remain in position and is always available. The rough edges of the top are covered with adhesive tape to prevent injury to the skin. It is then folded over at the center, care being taken to make a round, not sharp fold. (Fig. 1.) The clip is applied to the ear over a light gauze dressing saturated with an antiseptic solution, crimping in place at the periphery of the clip but not at the fold. (Fig. 2.) Crimping at the fold causes the clip to slip off the ear. A pair of ordinary pliers with the wide jaw adjustment can be used for crimping the clip on the ear. The entire dressing is bound with adhesive tape passed around the head, thus fixing it in place and preventing mutilation by the dog. (Fig. 2.) Post-operative care consists of keeping the animal quiet, changing the dressings and, when necessary, cleaning the external ear and canal. In two days the sheet metal clip is removed, and the antiseptic pack changed. The ear should again be bound for two more days. Any exudate from the wound or from an otorrhea should be removed as it will promote further irritation. Judgement should be exercised in this matter, however, as overtreatment is also detrimental. The dressings are removed entirely on the fourth day. Hospitalization is recommended for a few days in order to prevent undue excitement of the animal. If the dog is sent home, he should not be allowed freedom.

Fig. 1. Hematoma of the external ear involving the entire structure. This was caused by trauma initiated by a canker ear.

Fig. 2. The operation requires little equipment.

Fig. 3. Above A. Outline of Ear. B. Skin tags to be removed. C. Lines of incision. The initial incision is made with a scalpel. The cross incision and removal of tags is done with scissors. Below. Illustration of clip showing fold and tape.
Fig. 4. Left. The clip is placed on the ear over a light gauze dressing. Right. An extensive dressing of tape is necessary to prevent mutilation and keep the clip in place.

Complete recovery is effected if no further trauma to the ear has occurred. In a few cases where the ear is prematurely freed from the clip, re-application of the clip is necessary to prevent recurrence of the condition. The owner should be instructed to have the ears cleaned when necessary to prevent further irritation.

Brumley, Diseases of Small Domestic Animals.

Sheep Nutrition

(Continued from page 98)

not been presented to show any increase in reproduction of the individual following its use.

Vitamins A and D

In the use of vitamin A and D sheep seem to have a higher vitamin A content than beef cattle. Of all the vitamins, vitamin A is probably the only one that may be deficient in the ration. Since sheep are outdoors most of the time throughout the year, and are exposed to sunlight, they are protected against a vitamin D deficiency. Hay and other roughages fed also supply this vitamin.

If a considerable part of the roughage is early cut, well cured hay or other roughage high in vitamin A there will be no deficiency of this vitamin.

The next issue of "The Veterinary Student" will have a discussion of some of the deficiency diseases encountered in sheep.

BIBLIOGRAPHY


Brown Swiss cattle were imported to this country from 1869 to 1906. A total of 21 males and 129 females were imported and a Brown Swiss Cattle Breeders Association was established in 1880. The first importation came to Massachusetts in 1869. The next two importations were to Connecticut in 1882 and 1883 with the fourth to New York in 1906.

There are no pathological changes of the internal organs in nitrate poisoning.