

Moira Watkins BVMS MRCVS

Lara Dempsey BVetMed GPCertSAS GPCertSAM CertAVP(GSAS) DipECVS MRCVS

Stephen Baines MA VetMB PhD CertVR CertSAS DipECVS DipClinOnc MRCVS

**Information Statement**

*Research Project*

**Title: Para-aural abscessation following total ear canal ablation in dogs: association with the presence of epithelial remnants in the tympanic bullae, diagnosis and management options.**

**What is the study about?**

Total ear canal ablation (TECA) is a salvage procedure for dogs with end-stage otitis externa and neoplasia. Given the high rate of post-operative complications when TECA is performed alone, it is recommended that a lateral (LBO) or ventral (VBO) bulla osteotomy is performed concurrently to ensure complete removal of infected tissue from the external acoustic meatus (EAM) and tympanic bullae (TB). Para-aural abscessation (PAA) occurs when suppuration extends from the external ear canal or middle ear cavity to surrounding tissues. Development of PAA following TECA, with or without BO, may be due to persistent otitis media, presence of infected tissue remnants due to inadequate curettage or TB exposure, presence of horizontal ear canal remnants, insufficient drainage from the middle ear or eustachian tube, osteomyelitis and parotid gland damage. To the author’s knowledge, there are no publications directly comparing the development of PAA following TECA alone, TECA-LBO and TECA-VBO or whether initial technique used influences the location and type of the nidus of infection resulting in PAA.

Diagnostic techniques described include radiography, otoscopy, fistulogram, computed tomography (CT) and magnetic resonance imaging (MRI). In our study, we aim to characterise changes most commonly associated with PAA development using CT and determine whether a nidus for infection can be identified to aid surgical management.

Bacteria cultured from samples taken during the original surgery and those taken during revision surgery for PAA may be the same in up to 100% of cases. However, to the authors’ knowledge there are no studies investigating whether specific isolates predispose to PAA development.

Treatment options to address PAA have been described including VBO, LBO, otoscopy, photodynamic therapy, lancing and flushing of the PAA and prolonged antibiotic therapy. There is a lack of information comparing the long-term outcomes of these treatment choices.

This study is important in guiding the prevention and management of PAA cases as revision can be very challenging and cause further suffering to the animals involved.

**Who is carrying out the study?**

The study will be undertaken by Moira Watkins, Lara Dempsey and Stephen Baines. Moira is a veterinary surgeon at Willows Referrals. Lara is a European and RCVS specialist in soft tissue surgery at Willows Referrals. Stephen is a European specialist in soft tissue surgery, RCVS specialist in soft tissue surgery and oncology and head of the oncology team at Willows Referrals.

**What does the study involve?**

This will be a multicentric, retrospective case-series study. Inclusion criteria are any dog or cat which has had a total ear canal ablation and then developed PAA after the surgery between 1st April 2007 and 31st March 2025. Dogs which have developed PAA for another reason prior to TECA/LBO/VBO should be excluded. Please contact the owners of any patients which fulfil these criteria. A client information sheet is attached which should be read or emailed to the client prior to receiving consent. The consent form will then be read and signed by the lead researcher at each hospital after the client has agreed to all the terms. This will give permission for you to contact the referring first-opinion veterinary practices for follow-up histories and information after the discharge of the dog from your care. Consent will also be given for any CT series and reports to be sent to the lead researcher for assessment.

Data should be collected from the clinical history (including from referring vets before and after treatment by your referral centre), blood results, culture results and surgical reports.

Please complete the table in the excel sheet attached for each case included. Ideally, the CT series and reports should also be emailed.

To maintain confidentiality, each of your cases should be allocated a unique study ID number which can be recorded by yourself on sheet 2 and this should not be returned but kept for your own reference until the study is complete. All data must be deleted on completion of the study.

Please ensure all clients have consented to have data on their dog used for research purposes. This should be via an initial consent form signed at the time of treatment +/- via email with the client if additional information has been needed during the study.

We would be delighted to collaborate with you. In order to avoid an un-necessarily protracted timeframe for this project, prospective authors will need to commit to a relatively tight deadline. Failure to adhere to deadlines is likely to jeopardise inclusion of cases and the author’s involvement with the study. Authorship will also require appropriate input into manuscript preparation in order to fulfil journal requirements.

We very much hope you join us in this project, please return your completed table in Excel by the 1st July 2025

Please do not hesitate to contact us if you have any questions:

* Moira Watkins at research.willows@gmail.com