Otitis media / Otitis interna
Condensed Version

Presentation:
- **Unilateral**
  - Asymmetric ataxia
  - Head tilt **toward** lesion
  - **Nystagmus** (fast phase AWAY from lesion)
  - Scratching at neck and ears
  - Ipsilateral Horner’s syndrome (small animals only)
  - Ipsilateral facial nerve paralysis
- **Bilateral**
  - Seen most often in cats
  - **Wide head excursions, crouched** to ground

Test of choice:
- **Otoscopic exam** – may require sedation or anesthesia
- **Advanced imaging** (CT or MRI)
- **Myringotomy** - Histopathology or cytology; culture and sensitivity

Rx of choice:
- **Long-term antibiotics** 2 months, based on culture and sensitivity
- **Myringotomy** to gently flush middle ear cavity with sterile saline
- **Ventral bulla osteotomy**
- **Lateral bullectomy** if severe, chronic external auditory canal disease
  - Total external auditory canal ablation (TECA)

Pearls:
- Cavalier King Charles Spaniels – “glue ear”
  - Noninfectious form called **primary secretory otitis media** (PSOM)
  - Viscous mucus plug in middle ear cavity

Classic Question(s)

A 2 year old cat presents with a right head tilt, circling to the right, ataxia, horizontal nystagmus fast phase to the left, and a right Horner’s syndrome.

Where does the lesion localize?

What diagnostic tests should be performed?

What neurologic signs would be typical of a cat with bilateral otitis interna?

What breed of dog is predisposed to primary secretory otitis media (PSOM)?