Anatomy and physiology of the ear is much different between dogs and cats. This is why clinical signs and diagnostic approach is different.

**Etiology**
- Ectoparasites (*Otodectes, Demodex*) - frequent
- Proximal ceruminous plugs - highly frequent
- Polype – common
- Allergic dermatitis - uncommon
- Neoplasia - frequent
- Suppurative or secretory middle otitis - frequent
- Proliferative necrotizing otitis – rare
- Inner ear diseases (ototoxicity, complication of otitis media)

Refractory ear mites infestations are very rare and observed in highly contaminated catteries. Most otitis media are sterile, and asymptomatic (90%).

**Diagnostic approach to chronic external otitis**

**History**
Main coon are predisposed to ear polyps
Ear mites infestation is more frequent in puppies and catteries and tumors in senior cats
Proliferative necrotizing otitis is described in young cats.

**Clinical examination**
Neurological examination
- head tilt
- facial paresis
- Horner syndrome
Dermatological examination
Lymph nodes examination
Oral examination

**Otoscopic or otoendoscopic examination**

Type of exsudate
Nodular or proliferative lesions on the wall or lumen of auditory meatus
Proximal are: plugs and tympanum

**Examination of external exsudate**
Search for ectoparasites
Cytologic examination

**Myringotomy**
Only if evidence of middle ear involvement (imaging, otoscopic examination)
Do it in a dry meatus and perform cytology and bacteriology on exsudate.

**Biopsies**
Any nodular lesions must be biopsied, even if the mass looks like a polype.

**Imaging**
Prefer CT to radiography.
Visualization of ear bulla content and bone wall, lymph nodes and local peripheral lesions.

**Therapeutic specificities**

**Ceruminous plugs and ceruminous otitis**
Remove plugs on sedated cat
Use ceruminolytic solutions every 2 to 7 days.

**Otitis associated to allergic dermatitis**
Topical steroids with or without antibacterial drugs, according to cytology
Proactive topical steroids after control of external otitis (every 3 to 7 days).

**Proliferative and necrotizing otitis**
No treatment or
Tacrolimus 0.03% twice a day (after cleaning).

**Otitis media**
Secretory otitis media : simple myringotomy
Suppurative otitis : myringotomy with or without septum perforation, middle ear flushing, systemic steroids one week, systemic antibiotics at least one month.

**Middle ear polyps**
Perendoscopic transtympanic traction, or
Ventral bulla osteotomy

**Middle and external ear neoplasia**
Total ear canal ablation with lateral bulla osteotomy
Chemotherapy or radiation therapy according to type of neoplasia